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ABSTRACT

Narrative and statistical data on the Colorado Migrant Health Program are presented in this 1969-70 annual progress report. The objectives of the program were to develop, augment, and improve health care services to migrant agricultural workers and their families; to develop, expand, and improve existing programs; and to establish and maintain lines of communication with other agencies involved in the health, education, and welfare of migrants. Separate sections of the report cover the following areas: consumer reaction, dental care, medical care, hospitalization policy, public health nursing care, home economics consultation, and environmental health services. Some of the major problems mentioned are a shortage of trained personnel, inadequate program funding, and the short time that the migrant workers stay in any particular region. It is noted that the mobility of the migrant workers makes follow-up care very difficult. The types and amounts of care given to migrants during the reporting period are presented (by counties) in both narrative and tabular form. (PS)

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ANNUAL PROGRESS REPORT

JUNE 1, 1969 - JUNE 1, 1970

COLORADO DEPARTMENT OF HEALTH

MIGRANT HEALTH PROGRAM

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ANNUAL PROGRESS REPORT

June 1, 1969 - June 1, 1970

COLORADO MIGRANT HEALTH PROGRAM

Public Health Service Grant MG - 09G-69

Colorado Department of Health
Roy L. Cleere, M.D., M.P.H.
Executive Director

4210 East 11 Avenue
Denver, Colorado 80220

SH-M-65 (10-70-3)

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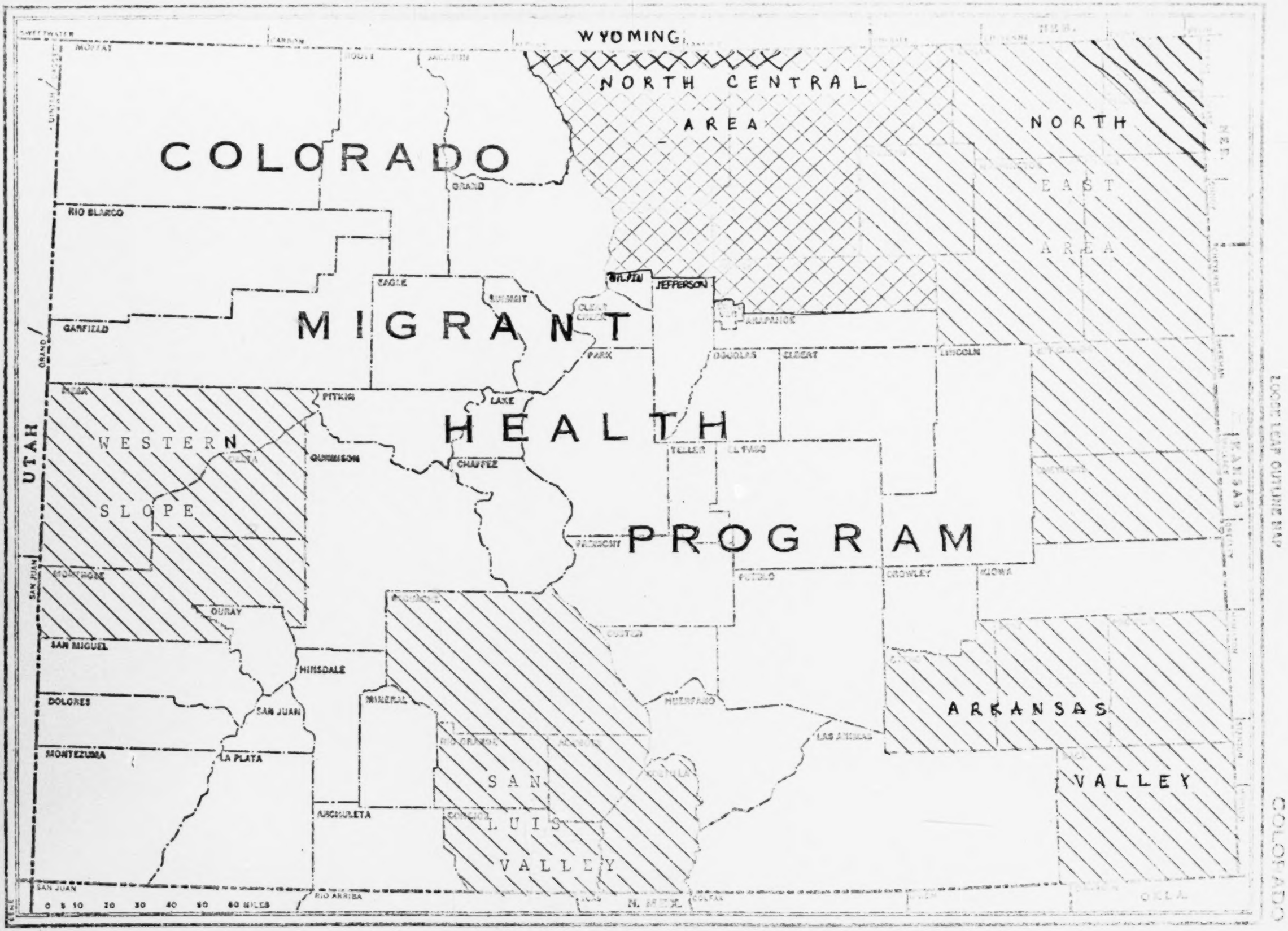
COLORADO MIGRANT HEALTH PROGRAM



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COLORADO MIGRANT HEALTH PROGRAM

INTRODUCTION

I. THE REPORT:

The report which follows is a compilation of narrative and statistical data submitted by permanent and seasonal program staff.

In accordance with advice offered by Regional and Washington staff connected with the former Migrant Health Branch, no attempt has been made to condense the narrative contributions reproduced here.

Some material has been reproduced for inclusion in an appendix to this report. In that the bulk of this material precludes inclusion in each copy, only a limited number of these appendices have been prepared for use by Regional and Washington Public Health Service Staff and for others interested in the detailed information presented.

II. NEW DIRECTIONS AND TRENDS:

A most important aspect of Program activities during the reporting period is not reflected in the statistical data which follows. This has been the intense effort, by personnel in all migrant service agencies, to establish a permanent, specific framework in which coordination and communication could take place. The consumer, public agencies, private groups, farm labor movements and churches were brought together in a migrant coalition and its committee structure.

- The Migrant Coalition -

The Migrant Coalition has served to:

a. Bring into focus, the needs of migrants and seasonal workers as expressed by them;

b. Acted as a clearing house to shunt specific problems into committees or agency groups competent to effect solutions;

c. To diminish, and often erase inter-group or inter-agency rivalry, and the attendant waste of energy to be applied toward serving the consumer more effectively;

d. Compile an inventory of migrant services available and publish a general directory as well as a health services directory to assist field workers in resource finding. (Copies included in the Appendix).

e. Examine current legislative proposals at the national and state levels, and research existing laws with respect to assisting migrants and seasonal workers to attain their rights within the provisions of these laws.

f. Conduct hospital care surveys to determine what policies hospital administrators and boards applied with respect to migrant patients, the number of migrants hospitalized, and how much it would cost to provide in-patient care for migrants in Colorado.

g. Act as an advocate for the migrant through reminding appointed and elected governmental officials as to migrant needs and problems. A voice where there was no voice before.

h. As a guage of interest level, the calibration being the attendance or non-attendance and performance of representatives of agencies of government and of private agencies.

i. As a reminder that the objectives of member agencies and groups are more similar than dissimilar, and that the real enemy of the migrant is the accidental or deliberate apathy of those who are committed to serve but who do not. This element of enmity is not solely confined to governmental agencies and top-level decision-makers, but is found among those who claim, by ethnic commonality, to serve the migrants' direct interests.

The Coalition, as a forum, has been successful. The quantity and quality of interest and concern has been identified, and the tired, old cliches are no longer acceptable as official or private excuses for inertia.

The future of the Coalition and the attainment of its objectives will depend in part upon the continued interest, concern and involvement of the men and women of which it is composed. The balance will depend upon whether of not the law-makers and policy makers at the state and national levels have the foresight, courage and honesty to resolve this national dilemma; a problem dating from the diaspora of the dust-bowl farmers of the mid-thirties.

- Consumer Reaction -

The long silence of the Spanish surnamed migrant has been shattered by the cry, "Chicano Power!" Agencies experienced their first confrontations with the voice of organized consumer reaction this spring through a week-long fast and pilgrimage of Farm Labor Task Force members. This after-the-fact or pent-up release of protest is useful as an indicator of grievances. But to serve the migrant, an agency should not wait until its halls and offices are crowded with demonstrators.

Consumer groups which have directly influenced the policies and planning of the Program have been the Farm Labor Task Force (Denver), Farm

/

Workers United (Fort Lupton, and later, during the 1970 season, Dicho y Hecho (Center).

Migrant Action Program students at the University of Colorado, all of whom have worked in the fields, were recruited and hastily oriented during the reporting period, and very quickly became vocal interpretors of local and immediate needs.

Eight of these students served as Family Health Workers during the close of the reporting period and until early September during the current season. One of these has proven to be of such value, that her Migrant Action Program supervisor has been persuaded by Program staff to allow her to continue her activities in the North Central Region until December 31, 1970.

The effect of Consumer involvement in program planning will not be fully apparent until the close of the 1971 season. However, to formalize consumer input, the Directors of the Colorado Migrant Council were requested to constitute themselves as a Consumer Policy Board for this Program. The correspondence relating to this is reproduced here. (Insert No. 1 - Letter to the Consumer Policy Board in English and Spanish; Insert No. 2 - Letter from the Consumer Policy Board in English; Insert No. 3 - Dr. C. D. Govan's letter to the Consumer Policy Board in English and Spanish).

INSERT NO. 1a

STATE OF COLORADO DEPARTMENT OF HEALTH

4210 EAST 11TH AVENUE · DENVER, COLORADO 80220 · PHONE 388-6111

R. L. CLEERE, M.D., M.P.H., DIRECTOR

August 28, 1970

Board of Directors
Colorado Migrant Council
665 Grant Street
Denver, Colorado

Gentlemen:

Pursuant to conversations held with Council Staff, the Migrant Health Program petitions the Colorado Migrant Council Board of Directors, the regional and Texas components thereof, to act in the capacity of a Consumer Policy Board for the Migrant Health Program.

Your assistance is respectfully solicited in order that program staff can plan and implement health services which will be available, acceptable, accessible and visible for migrant farm workers and their families.

We ask that you assist us in this capacity because you have immediate and current knowledge of the need for health services and because you are ideally constituted to provide data with respect to the consumers' thoughts concerning the kind of health care to which they now have access, and the kind of care they would like to have.

We sincerely hope you will be inclined to assist us in this function.

Respectfully,

Albert G. Lambert

Albert G. Lambert
Administrative Assistant

MIGRANT HEALTH PROGRAM

AGL/eh

INSERT NO. 2

MIGRANT

Colorado Council on Migrant and Seasonal Agricultural Workers and Families
Area Code 303
892-6911
665 GRANT
DENVER, COLORADO 80203

August 31, 1970

Mr. Al Lambert
Administrative Assistant
Migrant Health Program
Colorado Department of Health
4210 East 11th Avenue
Denver, Colorado 80220

Dear Mr. Lambert:

Your letter of August 28, 1970, to the Colorado Migrant Council Board of Directors has been referred to me.

The Board of Directors met on August 29, 1970, and your letter was reviewed at that time. Your request for the Council Board of Directors to act in the capacity of a Consumer Policy Board for the Migrant Health Program was unanimously approved by the Board.

The Chairman of the Board, Mr. Magdaleno M. Avila, requests that you provide the Board with a clearer explanation of its role as a Consumer Policy Board, and the dates on which the Board is required to meet in order to fulfill that role.

Sincerely,

Ralph D. Martinez
Director for Administration

RDM:mlt

INSERT NO. 3a

STATE OF COLORADO DEPARTMENT OF HEALTH
4210 EAST 11TH AVENUE · DENVER, COLORADO 80220 · PHONE 388-5111
R. L. CLEERE, M.D., M.P.H., DIRECTOR

October 7, 1970

Mr. Magdaleno Avila, Chairman
Consumer Policy Board
Migrant Health Program Executive Committee
Colorado Migrant Council
665 Grant Street
Denver, Colorado

Gentlemen:

We wish to thank you for your unanimous vote to act as the Consumer Policy Board for the Migrant Health Program.

We would like to present several ideas to you for consideration. These are very general in nature but their acceptance is a matter of decision for you, the consumers' advocate, the professional staff of migrant service agencies, and the health professionals connected with this program. A summary of resultant plans would be discussed with local and district Health Department Directors. All of these concepts have been discussed informally with other agencies' personnel:

1. Colorado Migrant Council
2. Colorado Rural Legal Services
3. CWR/MP (outreach workers)
4. Emergency-Food and Medical Program
5. VISTA

We do not imply "credit" for these ideas, they constitute a consensus which has grown among agency personnel. They are ideas which many feel whose time has come. They are simple to state, but their planning and implementation will be difficult and require good faith, fairness and candor upon the part of all agencies.

I. Delivery of Health Services - 1971 Season

A. Because of shortages of health personnel particularly in the area of delivery of health care, we suggest a push for cooperation with all existing health agencies. This is especially so in view of needs of the seasonal as well as the migrant workers.

B. Define areas of concern and responsibilities with local health agencies regarding migrant and seasonal workers - present funding of migrant health care delivery is too inadequate to handle both both seasonal and migrant workers.

C. One Roof Concept

In each area provide a common roof for all services rendered to the migrant worker and his family - i.e., health, legal, ministry, food, etc. This would necessitate a disengagement of fiscal and supervisory functions of local and district health departments and would provide a more clear definition of areas of responsibility as mentioned in Section B - this would supplement rather than supplant existing facilities.

D. Positive involvement, in planning, of regional O.E.O. and H.E.W. consultants --- from the initial stages. (Funding outlook, fiscal period unification, consultation)

E. Joint training and use of outreach workers through in-depth orientation by each agency delivering migrant and seasonal worker services.

F. Creation of an executive committee drawing agency and consumer representatives with relatively broad decision-making authority, to coordinate the delivery of services, solve "in-house" problems and act as an advocate for the "house", petition agencies and groups for help and present the plight of the worker to the public in a unified way.

We hope you will give your earnest consideration to these concepts and inform us as to the extent they may or may not reflect your thinking.

We await your reply.

Sincerely,

C. D. Govan, M.D., Director
Migrant Health Program

CDG/eh

CONSUMER REACTION

SUMMARY

ANNUAL PROGRESS REPORT
June 1, 1969 - June 1, 1970

I. GENERAL INFORMATION:

A. The period covered by the report is from June 1, 1969 to June 1, 1970. Due to a number of new concepts and trends, there are numerous references to the 1970 season which are intended to lend continuity to narrative statements concerning the actual reporting period.

B. Objectives as listed in the last approved application were:

"To develop, augment and improve the following services to migrant agricultural workers and their families: (1) Medical Care, (2) Dental Care, (3) In-patient Hospital Care, (4) Public Health Nursing Services, (5) Environmental Health Services, (6) Home Economics, and (7) Medical-Social Services.

To develop, expand and improve existing programs in technical areas of known need, in which State staff will give consultation, instruction and aid to migrants, employers, camp operators and others in the community who are concerned with migrant health problems.

To establish and maintain lines of communication with other public and private agencies, governmental units, corporations and individuals directly or indirectly involved in the health, education and welfare of migrants."

C. Changes in Objectives

No significant changes in program objectives are reported.

D. Significant changes in the migrant situation from the previous reporting period.

1. No major change is reported with respect to the composition of the migrant labor population as to age, sex, cultural background, places of orgin or destination after departure from Colorado.

2. The economic situation: A major loss of profit by the leading producer of beet sugar resulted in a decrease in acreage and a decline in out-of-state recruitment. However, the influx of workers and attendant health problems seemed to remain the same as in previous years.

Labor unrest, new-born during the last reporting period, has grown to formal organization and the beginnings of efforts to attain collective bargaining rights. The increased use of illegal entrants from Mexico has become a major economic issue, according to Mexican-American farm laborers. Mechanization of farming continues to grow, but a decrease in migrant labor population does not seem to be commensurate.

3. Effects of these developments upon the migrant labor situation and the need for health services are several in number.

   a. The increased awareness of the migrant laborer as to the gap between his life-style and that of the stable resident population, has led him to seek out migrant services more energetically than before.

   b. Labor organization efforts have taught migrants and seasonal workers how to demand services and coverage under existing laws, and how to press for delivery of better services when they feel they have received inadequate treatment.

      This increased awareness and the displacement of passivity by the active seeking out of care, has resulted in an increased demand upon existing funds and health care facilities. The use of health aides from the migrant stream will compound this demand if the experience of this current (1970) season serves as an indicator.

II. RELATIONSHIPS:

Several instances of planned, specific involvement of migrants in program development can be cited:

a. Close staff involvement in the meetings of farm labor groups, largely composed of Chicano members.

b. Inclusion of migrants in nursing evaluation and planning; use of farm labor organization manpower for out-reach and transportation of patients.

c. Recruitment and training of Chicano aides for the 1970 season through arrangements with the Colorado Migrant Council and the University of Colorado.

d. Close liaison and weekly exchange of ideas with staff members of the Colorado Migrant Council and Migrant Action Program personnel.

e. Regional meetings in the five crop areas were conducted prior to the 1970 season to determine migrants' expressed wishes and the thoughts of local migrant service personnel. These meetings were a joint undertaking of the Colorado Migrant Council and this Program.

f. Relationships with other agencies included financial contracts whereby this program delivered dental services and was reimbursed at the close of the season by the Colorado Migrant Council and those school districts participating in the Dental Care program.

Other relationships with agencies and groups were on a unilateral basis until mid-April, 1970, when the Migrant Coalition was formed to act as forum and clearing-house for information planning and action. Most migrant service agencies now attend the monthly sessions of the Coalition and its several committees.

III. STAFF ORIENTATION AND TRAINING:

Pre and post season nursing planning and evaluation meetings were held. A week of training for Family Health Workers (M.A.P. students and V.I.S.T.A. workers) was held in May, 1970.

IV. GENERAL APPRAISAL OF THE YEAR'S ACHIEVEMENTS:

During the reporting period a number of accomplishments stand forth:

a.

	*Evening Clinic (Location)	*Patient Visits (total) (clinic & physician's office)	*Individual Patients Seen
1968-69	7	3,871	1,777
1969-70	9	4,302	2,503

	*Immunizations	Dental Service Provided
1968-69	952	4,547
1969-70	1,557	5,869

b. The Sanitary Standards and Regulations for Labor Camps passed a significant test in the closing of the Fort Lupton Farm Labor Camp in Weld County

c. Program staff initiated the formation of an inter-agency Migrant Coalition which has met regularly to deal with short-range and long-range migrant service problems.

*These increases reflect greater Public Health Nursing activity and more effective coordination with other migrant service agencies.

V. PLANS FOR PROGRAM CONTINUATION BEYOND GRANT SUPPORT:

A supplemental budget request for hospital care, sanitation services, nursing support and home economics consultation will be submitted to the State General Assembly during the Fall 1970 session.

The State Legislative Council, an advisory body serving the General Assembly, has been provided with data concerning migrant health and housing needs.

MEDICAL CARE

MIGRANT HEALTH PROGRAM
MEDICAL SERVICES NARRATIVE REPORT
June 1, 1969 - June 1, 1970

A. OBJECTIVES:

During the many planning and evaluating meetings held by the Medical Advisor with other Program staff and other agencies, the primary objectives of the Medical Services component of the project were to:
(1) increase the number of Family Health Clinics,
(2) increase the provision of medical care in physicians' offices and out-patient hospital facilities where Family Clinics were not feasible,
(3) strengthen communications and coordination between the providers of medical care and other professional and para-professional personnel and agencies in each region, and
(4) provide for hospitalization when essential to the proper care of an individual patient.

B. PROGRESS AND PROBLEMS:

Although it has been demonstrated that the provision of evening medical clinics increases the utilization of medical care by migrants, there are numerous problems involved in attempting to establish such clinics in Colorado rural areas. Foremost among these problems is the great reluctance on the part of local physicians to staff evening clinics since their services are already in short supply and they are extremely busy caring for their non-migrant patient load. There is not as serious a problem in the areas close to Denver where the physician shortage is less severe but the problem exists to some degree throughout the State and should not be underestimated. Despite this, we were able to establish Family Health Clinics in five additional locations during the 1969 season in the following areas:

County	Town	Time
Rio Grande	Monte Vista	6:30-9:00 PM twice weekly
Costilla	San Luis	7:00-10:00 PM once weekly
Otero	Rocky Ford	6:30-9:00 PM once weekly
Prowers	Lamar	6:30-9:00 PM once weekly
Larimer	Timnath	6:30-9:00 PM once weekly

Clinics which had functioned in the 1968 season were also continued in 1969 in the same areas, namely:

County	Town	Time
Weld	Greeley	6:30-9:00 PM twice weekly
Weld	Fort Lupton	6:30-9:00 PM once weekly
Adams	Brighton	6:30-10:00 PM once or twice weekly

In addition to the above Family Clinics, the following Special Clinics were held:

1 - A Mobile Health-Van Clinic was operated once a week in Kit Carson County east of Burlington. It was sponsored by the Franciscan (Marycrest) Sisters and served migrants from both Colorado and Kansas one evening a week.

2 - The same clinic van was moved during the latter part of the season to Weld County (Windsor) where it operated once a week for four weeks.

3 - A Migrant Health Fair and Clinic was held in Delta County (Delta) on a one-time basis in June. Services included Pap Smears, V.D.R.L. tests, immunizations, and health education and counselling.

In all of these clinics, there were some problems involving adequacy of the facility, equipment, records, accessibility of laboratory services, outreach and follow-up. In general, however, the problems were of a minor nature and did not significantly interfere with the effectiveness of the services. The statistics available reflect the role of Family Clinics in making care accessible to patients:

1 - In the Arkansas Valley (Otero-Bent and Prowers Counties) there was an increase of 220% in the total number of patients seen and the patients seen in Family Clinics accounted for 70% of the increase.

2 - In the San Luis Valley (Rio Grante, Costilla, Conejos, Saguache Counties), the total number of patients increased by 827% and the patients cared for in Family Clinics accounted for 30% of the increase.

3 - In Larimer County, the total number of patients increased by 77% and all of the increase was accounted for by patients seen in Family Clinics.

4 - In Adams County, the total number of patients remained about the same although the number seen in Family Clinics increased 100%.

5 - In Weld County, the total number of patients decreased 11% and the Family Clinic patients decreased 15%. (the only apparent reason for this decrease is a decrease in the total number of migrants living in Weld County).

If one looks at total Statewide statistics regarding medical services in all types of settings we see the following changes from the previous season:

ITEM	Season 68 - 69	Season 69 - 70	% Change
Total patients receiving Medical Services	2,249	3,501	+ 56%
Patients served in Physicians' Offices	981	1,447	+ 47%
Patients served in Family Clinics	796	1,336	+ 68%
Patients served in Screening Clinics, Emergency Rooms and Outpatient Clinics	472	697	+48%

These data show a significant increase in the number of migrants receiving medical service in all types of settings with the greatest increase being in those served in Family Clinics.

The portion of the estimated total Migrant population receiving medical service in either Physicians' Offices, Family Clinics, Screening Clinics, Emergency Rooms, or Outpatient Clinics is shown in the following table;

	Estimated total Migrant population	Number receiving Medical Service	% receiving Medical Service
Season '68-69	26,545	2,249	8%
Season '69-70	25,750	3,501	14%

In general, the quality of care received by the migrants in these facilities is equally as good as that provided to non-migrant patients. Complaints about the medical or personal treatment received by migrants in either offices or clinics are very small in number and can be traced either to administrative problems or to personal attitudes.

More detailed study of the statistics shows the following data concerning selected health <u>services</u> provided:

Types of Service	Season 68 - 69	Season 69 - 70	% Change
Number patients hospitalized	90	189	+ 110%
Number completed immunizations (all types)	972	1,557	+ 60%
Number patients receiving pre-natal care	71	205	+ 190%
Number patients receiving vision screening	N.A.	975	N.A.
Number patients receiving T.B. testing	165	1,183	_ 610%
Number patients receiving family planning services	31	76	+ 145%
Number of prescriptions paid for	888	2,302	+ 160%
Number patients receiving complete physical examination	131	925	+606%

(N.A. = Not Available or Not Applicable)

The project had a limited amount of money available to pay for <u>In-Hospital Care</u> during this season, for the first time. Since the amount of money was small compared to the potential need, guidelines were developed and sent to all areas in order to use the money for the most urgent cases.

As expected, there were some misunderstandings concerning hospitalization but the major problem was the paucity of funds. Quite a few of the physicians providing services have stated rather strongly that they feel this is one of the biggest needs in our present program.

One of our major problem areas is that of coordination and communication with other agencies and persons involved in providing care to migrant families. As in so many other Federally-funded health efforts,

the program has been divided among various agencies in Washington and this places a serious burden on administrative and service personnel in the State and local areas. With nursing services, medical care, outreach, health education, etc. being provided by several agencies, there is a great need for interagency planning and communication throughout the year. Many migrants and professionals alike are confused by seeming duplication and overlap of effort. We are continuing to make persistent efforts to overcome this problem through interagency planning meetings. During the spring of 1970 many more regional planning meetings were held than had been held in 1969. All agencies, organizations and individuals involved in providing some type of service (including medical care to migrants in each such region) were invited to the meeting and as a result channels of communication were strengthened, coordination improved and services strengthened.

C. INTERIM REPORT FOR 1970-71 SEASON

The major goals for the medical services segment of the project in the '70-71 season are to (a) continue the increase in provision of medical services, (b) provide para-professional aides to assist the nurses in various duties, (c) continue interagency planning and coordination efforts, and (d) attempt to obtain funds for in-patient hospital care.

At the present time (September 1, 1970) it appears that all but the last of these goals has been or is being reached to considerable extent. Present indications are that a significant increase in the number of patients receiving service will again be seen this season. A major help in this aspect is the assistance of the University of Colorado Medical Center in providing physicians to staff several new Family Clinics held on Sundays in various locations.

In cooperation with the Colorado Migrant Council and the University of Colorado (Boulder), the services of eight Migrant Family Health Workers and four VISTA Workers were provided to give much needed assistance to migrant nurses in six different regions. A one-week training program for the Family Health Workers and two of the VISTA Workers was held during the last week of May, 1970 (see appendix). Most of these workers are proving to be of valuable help in reaching out into the migrant community. A few have not met expectations thus far.

There seems to be a significant improvement of communications among helath workers ang agencies this year. People in some regions are developing a "team approach" with better delegation of various duties and smoother coordination.

The Colorado Migrant Coalition Health Committee was organized early this season and is helping to bring State and Local personnel together at regular intervals to discuss mutual problems. One accomplishment of the Migrant Coalition Health Committee was the preparation of a Migrant Health Resources Directory (see appendix) with significant participation by the Colorado Health Department Migrant Program staff.

Thus far, our attempts to obtain funds for in-patient hospital care have been totally unsuccessful.

D. CONCLUSION AND RECOMMENDATIONS

It is my feeling that despite numerous obstacles such as fragmentation of the migrant care program, some resistance on the part of the "establishment" in local regions to providing any help for migrants, paucity of Project funds, problems in coordination and communication, and insufficient staffing of the Project; definite progress is being made in the delivery of good quality medical services to an increasing number and portion of the migrant population in Colorado.

It is my recommendation that: (1) we need to make more extensive use of the Family Health Workers (aides) and to improve their training program based on the first year's experience, (2) we should increase emphasis on the health education aspects of the program, (3) continued, year-round efforts at coordinated planning be continued, and (4) increased funds be requested for the necessary additional staff time and to ensure an increasing amount of service.

COLORADO MIGRANT HEALTH PROGRAM
HOSPITALIZATION POLICY

The Colorado Migrant Health Program will accept for part-payment hospital costs migrant patients under the following conditions:

1. The patient is outside a hundred mile radius of Denver and Colorado General Hospital.

2. No other payment resource is available. (Liability, Blue Cross, Welfare, other plans)

3. Patient conforms to the definition of a migrant eligible for services under Colorado Migrant Health Program.

4. The condition requiring care is acute, life-threatening, or catastrophic,
   OR
5. Hospitalization is required to prevent serious deterioration of the condition,
   OR
6. The diagnosis is that of an acute fulminating infection,
   OR
7. The patient is suffering from an acute, severe, or dangerous trauma,
   OR
8. The pregnant woman is considered in the high-risk group.

After the acute condition is stabilized and if a prolonged hospitalization (beyond one week) is recommended, the Migrant Health Program will authorize ambulance service to transport the patient to Colorado General Hospital. Hospitalization costs will not be authorized after acute care has been provided.

MIGRANT HEALTH PROGRAM

Family Medical Clinic Schedule

Weld County:

Greeley Health Department 16th Street at 17th Avenue (Weld County Hospital)	Mon. and Fri.	6:30 PM to 9:00 PM
Fort Cupton Labor Camp	Wednesday	6:30 PM to 9:00 PM

Adams County (Tri-County District Health Department)

Brighton Office 1895 Egbert Street	Tues. and Thurs.	6:30 PM to 10:00 PM

Larimer County:

Timnath School Timnath	Tuesday	6:30 PM to 9:00 PM

Otero County:

Dr. T. Martin Medical Arts Bldg. 903 S. 12th Rocky Ford	Thursday	6:30 PM

Prowers County:

Prowers Medical Center 1001 S. Main Lamar	Tuesday	6:30 PM to 9:00 PM

San Luis Valley:

Sangre de Cristo Health Center

Professional Services Bldg.
10 Rupert
Monte Vista, Colorado

MEDICAL CARE
June through October, 1969

COUNTY	TOTAL SEEN	FAMILY MEDICAL CLINIC
Arkansas Valley	466	150
Boulder	42	
Delta	165	
Kit Carson	395	38
Mesa	99	
Northeast Health Department	441	
San Luis Valley	534	143
Weld	974	530
Tri-County Health Department - Adams	550	347
Larimer	335	160
TOTAL	3,793	1,016

Total number of physicians participating in the Program - 67.

Total number of pharmacies participating in the Program - 50.

Total number of dentists participating in the Program - 65.

Total number of hospitals participating in out-patient services -17.

DENTAL CARE

DENTAL HEALTH NARRATIVE REPORT

MIGRANT HEALTH PROGRAM

1970

I. GENERAL DESCRIPTION

Dental Health must be an intregal part of any comprehensive health program. Integration of dental health within the programs of all agencies involved with the migrant population is the major objective of the program and the key to success.

A Program Dental Hygienist is employed full-time by the Project and a second hygienist was employed for a 3½ month period during the peak season. The Project Dental Hygienist's major responsibilities are to plan, develop, promote, and coordinate dental health activities in co-operation with other health disciplines working within the Project as well as the other agencies.

The purpose of the Migrant Dental Health Program is to achieve better understanding and acceptance of dental health concepts among migrants in Colorado. This has been done through: (1) dental health education, (2) emergency relief of pain and infection in adults and children, (3) restorative dental care for children and adults. Program emphasis is placed upon continuing dental health programs in migrant summer schools and O.E.O. preschool centers and upon increasing evening clinics and direct services to teen-agers and adults. Prevention and preventive services is now a major component of the program with the inclusion of fluoride programs.

II. INTEGRATION AND COOPERATION WITH OTHER DISCIPLINES AND AGENCIES

A. Colorado Department of Education:

1. The project dental hygienist conducts a program for school age children through the established channels of the summer migrant schools. The hygienist conducts a dental screening in each school for all children in attendance.

2. Prior to the season, the project dental hygienist calls upon each migrant school director to explain the dental program and to coordinate the program for each school.

3. Parental permission slips are supplied to each school. School personnel are responsible for securing the signature of the parent.

4. Transportation to and from the school and dental offices is the responsibility of school authorities.

5. School nurses assist in the follow-up care of children receiving dental treatment. They also aid in the referral of emergency cases, and in the supervision of dental health education.

6. Migrant school teachers conduct daily toothbrushing sessions and classroom dental health programs. This is one of the most important phases of the school program. A continuous program of brushing helps develop the habit. The children take their brushes when they leave. In some, this is the first toothbrush they have seen. For others, who are returning to Colorado, their toothbrush is one of the first things they ask for. In our materialistic society, for many it is one of the few possessions they can call their own. (Brushes and paste are furnished by the program.)

7. Dental treatment reimbursement agreements for a total of $5,400 were concluded with 11 of the school districts with migrant summer programs.

8. School personnel participated in the preventive fluoride program and gave assistance in the program.

B. The Colorado Migrant Council, (Office of Economic Opportunity)

1. The project dental hygienist conducts a dental screening in each Colorado Migrant Council preschool center and arranges for dental care in the offices of local private dentists.

2. A reimbursement agreement for $6,000 was made with the Colorado Migrant Council to be used for the dental care of preschool children enrolled in their program.

3. Local center staff provide dental health education and transportation to and from dental offices.

4. VISTA Volunteers were advised of the program. They assisted by discussing the program during their visits with the migrants.

5. Consultation and materials are provided by the project dental hygienist for the adult education component of the Colorado Migrant Council Program as well as the preschool programs.

C. Dental Societies

All dental societies, in those areas of the state which host migratory workers are contacted prior to the season. The program is explained and the dentists' cooperation is solicited. <u>All</u> Dental Societies pledged their full cooperation. Each individual dentist expressing an interest in the program is contacted personally. Many find working with these children a rewarding and enriching experience. They take a personal interest and some will buy them lunch if the dental appoints run late.

Payment for dental care is on a fee-for-service basis. All care is provided in private dental offices and local dentists are reimbursed according to an established fee schedule.

All cooperating dentists are asked to reserve time for migrant children in schools and preschool centers. There was an increase in the number of participating dentists and in the amount of time reserved for the migrant program this year. This illustrates organized dentistry's increased awareness and acceptance of the migrant farmworkers. All dentists involved in the program agreed to take emergency cases.

D. Colorado Migrant Ministry

Contact was made with this agency prior to the migrant season. Migrant Ministry staff, located throughout the State, assisted in providing transportation, referral of patients, contact with families and follow-up care.

E. Archdiocesan Committee for Migrant Laborers

Seminary students, contacted prior to the season, assisted with transportation of patients, follow-up, and referral of patients in need of dental care.

F. Migrants In Action (MIA)

MIA was formed in Northern Colorado by the migrants. They volunteered to aid in the dental program. They furnished all transportation to and from dental appointments for all patients seen in the afternoon and evening dental clinics.

G. Local Health Departments and Local County Public Health Nurses

1. Pre-season contact to coordinate the migrant dental program with local area programs at which time extensive orientation and in-service training was given.

2. Public Heal th Nurses assist in patient referral, follow-up care, family contact and dental health education in the schools and camps when the project dental hygienist was not in the area.

3. The Tri-County Health Department is the only local health department (outside Denver County) which employs a dental hygienist. This hygienist saw migrant patients in her established dental clinics and referred them for dental care.

4. Physicians involved with the program refer dental problems to the public health nurses who arrange for care.

5. Drugs prescribed by participating dentists are authorized for program payment by the referring Public Health Nurse.

6. The Sangre de Cristo Clinic in the San Luis Valley, an O.E.O. project, provided dental care for some of the children and adults. The Clinic's Dental Hygienist provided dental health education and dental screening for migrants in the area.

H. Colorado Department of Health Personnel

1. Home Economics Consultant:

a. The project dental hygienist participated in home economics teachers workshops and developed classroom dental health projects for use by the teachers. Integration of dental hygiene into all home economics activities is encouraged. Giving a toothbrush to the children proved to be one of the best "door-openers" for the teachers and aides making home visits.

b. The Home Economics Consultant visited homes in which dental health problems were found to originate in poor nutritional habits. She gave consultation to families with respect to better nutrition.

2. Nursing Consultant:

a. The Nursing Consultant participates in the development of dental health educational materials and in program planning.

b. She assists in the integration of dental health into all phases of public health nursing services throughout the State.

3. Sanitarians:

Sanitarian and sanitarian aides assist in the referral of patients, location of patients, and explanation of the dental program.

4. Dental Health Section Staff:

a. Staff members examine migrant children in established orthodontic clinics throughout the state.

b. Staff members were responsible for the purchase of several dental health films to be used primarily in the Migrant Health Program.

c. Staff members assist in the development of all dental health educational materials.

III. DENTAL HEALTH EDUCATION

A. Teachers' Guide

A teachers' guide, "Dental Health Education in Migrant Schools", developed by the project staff, was distributed to all migrant

school teachers and preschool center staff members. Its purpose is to supplement classroom programs given by the dental hygienist and to provide teachers with suggestions, information and ideas for presenting dental health education to migrant children.

B. Dental Inspection Report Card

A card was developed and used in conjunction with the dental screening. The card contained a dental health message and information about what was found during the screenings. Each child was given a card to take home. The purpose of the card was to inform the parents of the dental inspection, the condition of their child's teeth, and to relate dental health facts. The card was a bright cherry color and was printed in both English and Spanish.

C. Project Dental Hygienist provides:

1. Limited classroom programs as her schedule allows.

2. Individual patient education during dental screenings and to patients seen in clinics.

3. In-service programs for volunteer groups, nurses, achool and pre-school staffs. Approximately 50 such programs were given this year.

4. She provides dental health education in the migrant camps and homes.

5. She speaks at conferences and meetings in Colorado and in other states regarding project objectives and activities. Included were lectures to nursing students and dental hygiene students. Conferences were attended in Idaho, New Mexico and California.

6. She conducts the preventive fluoride program in schools and pre-school centers.

7. An extensive orientation was given MAP students who were to serve as Family Health workers this summer.

D. Migrant Schools

1. Teachers supervise toothbrushing following meals and snacks in those migrant schools with adequate plumbing facilities. Each child keeps his toothbrush and paste at the school.

2. Dental Health films -- six dental health films suggested in the Teachers' Guide were shown 85 times with a total viewing audience of 2,500 migrant children.

3. School nurses conducted classroom dental health educational programs in connection with the showing of the films.

4. New filmstrips and records in English and Spanish were available this year. They were a great success with the younger children.

E. Public Health Nurses

Public health nurses provided dental health education in the schools, preschool centers and camps.

F. Dentists

Local dentists, working with the program, gave intensive dental health education to migrant patients under care in their offices. Local dentists in three migrant schools conducted classroom instruction and dental screenings with the assistance of the Project Dental Hygienist.

IV. ACCOMPLISHMENTS

A. Migrant Schools and Preschool Centers

1. 2,880 children were given a dental screening.

2. 703 children received dental care.

3. Of these, 221 children received dental care paid for through reimbursement agreements signed with the school districts or the Colorado Migrant Council.

4. A dental health progaam was conducted in several of the regular term migrant schools. It included dental health education, dental screening, and dental care.

5. The number of 9-14 year olds increased this year. Through the homeliving program, developed in the schools by the Project Home Economics Consultant, children in this age group are now attending school instead of babysitting or working in the fields.

6. Increased dental health education through:

   a. Increased in-service training of school staff.

   b. Increased utilization of school auxiliary personnel.

   c. Increased types, numbers, and availability of audio-visual aids.

7. 26 schools and 32 preschools were included.

8. 1,200 children participated in the preventive fluoride program

9. The percent of children in need of dental care was reduced from 54% in 1968 and 42% in 1969.

B. Emergency Care

1. There was an increase in the number of adults and teenagers referred by public health nurses for dental care. Some received emergency dental care paid for by insurance.

2. Care was provided in dental offices.

3. More intensive orientation and in-service training of Public Health Nurses accounted for this increase.

C. Dental Clinics

1. There were 38 dental clinics held. One, in conjunction with "Health Fair", the others in family health clinics.

2. Clinics were held in the evening 3-4 nights a week in Northern Colorado. Portable equipment was set up in one clinic. A dental clinic room was available in the other.

3. A total of 175 migrants was seen, 67 percent of whom were over 15 years of age.

4. Some received dental prophylaxes given by the project dental hygienists.

5. A total of 85 persons received dental care. 77% of these were over 15 years of age.

V. INNOVATIONS AND EXPANSION OF DENTAL PROGRAM

A. A second dental hygienist was employed for 3½ months during the migrant season. (Salary was paid through funds of the Dental Health Section of the Colorado Department of Health.) As a result, the number of school dental screenings and afternoon and night migrant dental clinics increased greatly.

B. The program served ten more schools and preschool centers over last year. This enabled the dental program to reach more migrant children and their families.

C. Reimbursement agreements amounting to $5,400 were made with 11 school districts for dental care. An agreement was also made with the Colorado Migrant Council for $6,000.00. These agreements augmented program funds of the Colorado Department of Health.

D. A significant step forward this year was an increase of the number of night clinics. A total of 38 clinics were held in the evenings in three areas of the state. This resulted in more teenagers and adults being seen and given care. Approximately 38 percent of program dental funds was spent for adult dental care.

E. Broken and cancelled appointments were reduced to 14% this year due to excellent inter-agency cooperation in the patients transportation and better dental health understanding of the migrants. Scheduling of care beginning the day after the dental screening in the schools, made it possible to reach almost all of the children before they moved. This made the completion of needed dental care more certain.

F. An innovation this past year was a preventive program of "Brush-Ins" conducted in some of the schools. A zirconium silicate toothpaste with a high concentration (9%) of fluoride was used by each child in the "Brush-Ins". The paste was developed for self-application by mass segments of the population. Documented studies have shown it to be effective in reducing dental caries by from 40 per cent to 95 per cent in both adults and children. The paste is effective for approximately six months.

The "Brush-Ins" were conducted in each classroom. Toothbrushes, preventive toothpaste, disposable aprons and cups were distributed to each child. The proper toothbrushing technique was first demonstrated and practiced by the children. The effectiveness of the application depends upon a thorough and systematic brushing of all surfaces of every tooth. Teachers, aides, nurses and volunteers assisted with the brushing.

All supplies for the program were furnished by the Colorado Department of Health. Approximately 1,183 preschool and school children participated. It is hoped that all migrant children will be included during the coming season.

G. Migrants were directly involved in the planning and carrying out of the dental program. Through the "Migrants in Action" effort, more adults were informed of and brought to the dental clinics. The M.I.A. group provided transportation. After a great deal of initial confusion and patience on both sides, this aspect began to run smoothly.

H. Perhaps the most significant accomplishment of the program is the reduction in the percentage of migrant children needing dental care. (See table below.) This can be attributed to proper dental treatment in the past and better oral hygiene learned and practiced in the migrant schools and clinics.

COMPARISON OF 1969 WITH PAST PROGRAMS

Year	Number Examined	Percent Needing Care	Number Receiving Treatment
1964	503	53	91
1965	913	46	119
1966	986	57	258
1967	792	57	500
1968	2260	54	774
1969	3055	42	788

I. An attempt was made this year to estimate the total cost of dental treatment. At the time of the dental screenings, an estimate was made for each child and recorded. The total treatment cost was estimated to be $48,970.00 for those school and preschool children examined. Less than half of this need was funded by program funds.

J. There was an increased use of specialists in this year's program - including: Pedodontists, Oral Surgeons, and Orthodontists.

K. During the dental screening, a record was kept of all children who exhibited fluorosis of the dental enamel. Variance was from mild fluorosis to mottled enamel. It has been a common belief that one reason for the lower decay rate in these children was that they came from the Southwestern United States where adequate amounts of natural fluoride are frequently found in the water.

2,163 migrant children were included in the study. One-sixth (365) of the children were found to have fluorosis. Three-fourths (264) of these children with fluorosis had no dental caries readily apparent in the cursory examination.

VI. Plans for 1970 Program

A. Employment of a dental hygienist for four months during the peak season.

B. Increased number and locations of evening dental clinics.

C. Continued integration with other agencies and programs involved in serving migrants.

D. Increased direct dental services - with a goal of comprehensive dental care for whole families instead of individuals.

E. Use of migrant groups, migrant aides and Migrant Action Program students in the dental program.

F. Making the preventive fluoride program available to 3,000 school-age children and adults.

G. Providing dental consultation and services to regular-term migrant school programs.

H. Completion of an Oral Hygiene Study (OH-IS). A base-line study was conducted three years ago. It will provide information on improvement in oral hygiene and prevalence of soft tissues diseases in the mouth.

I. Coordination with the Farm Workers United group in Ft. Lupton is already in effect. This group is now making dental referrals direct.

J. Perhaps the one aspect of the total program that will benefit the dental component is regionalization. Program coordination and improved quality of dental services has to date increased as a direct result.

MIGRANT DENTAL CLINICS - NORTH CENTRAL COLORADO

Year	Location	Number of Clinics	Number Seen	Amount	No. receiving care
1965	Ft. Lupton	7 clinics	44	$ 100.00	4
1966	Ft. Lupton	10 clinics	28	781.00	14
1967	Ft. Lupton	10 clinics	71	369.00	18
1968	Ft. Lupton	7 clinics	52	1,905.00	20
	Greeley	5 clinics	17	473.00	12
	Brighton	11 clinics	59	2,784.00	26
		23	128	$5,162.00	58
1969	Ft. Lupton	18 clinics	109	$5,403.00	77
	Brighton	12 clinics	41	1,526.00	22
		30	150	$6,929.00	99
1970	Ft. Lupton	1 clinic	0	-	0
	Keenesburg	1 clinic	31	207.00	9
	Frederick	2 clinics	15	2,405.00	24
	Brighton	7 clinics	63	2,008.00	44
	Greeley	3 clinics	15	586.00	11
		14	124	$5,206.00	68

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	3,102	2,924	178
Number of decayed, missing, filled teeth	7,783	6,837	946
Average DMF per person	2.5	2.3	5.3
b. Individuals requiring services: total	1,453		
Cases completed	1,454	1,299	155
Cases partially completed	799	652	147
Cases not started	-	-	-
	655	647	8
c. Services provided: total	5,869	4,992	877
Preventive	381	302	79
Corrective	5,488	4,690	798
Extraction	695	460	235
Other	4,793	4,230	563
d. Patient visits: total	1,980	1,577	403

Patients receiving dental services: COUNTY: North Central Region

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	1,219	1,121	98
Number of decayed, missing, filled teeth	2,836	2,350	486
Average DMF per person	2.3	2.1	5.0
b. Individuals requiring services: total	607	525	82
Cases completed	317	236	81
Cases partially completed	-	-	-
Cases not started	290	289	1
c. Services provided: total	2,807	2,259	548
Preventive	227	166	61
Corrective	2,580	2,093	487
Extraction	342	203	139
Other	2,238	1,890	348
d. Patient visits: total	840	584	256

Patients receiving dental services: COUNTY: Adams

Item	Total	Under 15	15 + Older
a. Number of migrants examined: total	156	131	25
Number of decayed, missing, filled teeth	435	305	130
Average DMF per person	2.8	2.3	5.2
b. Individuals requiring services: total	82	60	22
Cases completed	40	19	21
Cases partially completed	-	-	-
Cases not started	42	41	1
c. Services provided: total	189	78	111
Preventive	20	4	16
Corrective	169	74	95
Extraction	37	11	26
Other	132	63	69
d. Patient visits: total	109	38	71

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	122	119	3
Number of decayed, missing, filled teeth	299	286	13
Average DMF per person	2.5	2.4	4.1
b. Individuals requiring services: total	64	61	3
Cases completed	33	30	3
Cases partially completed	-	-	-
Cases not started	31	31	-
c. Services provided: total	489	465	24
Preventive	25	24	1
Corrective	464	441	23
Extraction	32	12	20
Other	432	429	3
d. Patient visits: total	70	63	7

Patients receiving dental services: COUNTY: Larimer

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	119	115	4
Number of decayed, missing, filled teeth	243	230	13
Average DMF per person	2.0	2.0	3.2
b. Individuals requiring services: total	63	59	4
Cases completed	49	45	4
Cases partially completed	-	-	-
Cases not started	14	14	-
c. Services provided: total	534	444	90
Preventive	47	43	4
Corrective	487	401	86
Extraction	39	27	12
Other	448	374	74
d. Patient visits: total	97	91	6

Patients receiving dental services: COUNTY: Weld

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	822	756	66
Number of decayed, missing, filled teeth	1,859	1,529	330
Average DMF per person	2.3	2.1	5.0
b. Individuals requiring services: total	398	345	53
Cases completed	195	142	53
Cases partially completed	-	-	-
Cases not started	203	203	-
c. Services provided: total	1,595	1,272	323
Preventive	135	95	40
Corrective	1,460	1,177	283
Extraction	234	153	81
Other	1,226	1,024	202
d. Patient visits: total	564	392	172

Patients receiving dental services: COUNTY: Northeastern Colorado

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	1,235	1,197	38
Number of decayed, missing, filled teeth	2,803	2,620	183
Average DMF per person	2.3	2.2	4.8
b. Individuals requiring services: total	566	528	38
Cases completed	334	296	38
Cases partially completed	-	-	-
Cases not started	232	232	-
c. Services provided: total	1,866	1,709	157
Preventive	91	77	14
Corrective	1,775	1,632	143
Extraction	233	180	53
Other	1,542	1,452	90
d. Patient visits: total	712	632	80

Patients receiving dental services: COUNTY: Kit Carson

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	307	273	34
Number of decayed, missing, filled teeth	702	546	156
Average DMF per person	2.3	2.0	4.6
b. Individuals requiring services: total	159	125	34
Cases completed	104	70	34
Cases partially completed	-	-	-
Cases not started	55	55	-
c. Services provided: total	590	453	137
Preventive	24	12	12
Corrective	466	441	125
Extraction	704	54	50
Other	462	387	75
d. Patient visits: total	187	114	73

Patients receiving dental services: COUNTY: Logan

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	74	74	-
Number of decayed, missing, filled teeth	163	163	-
Average DMF per person	2.2	2.2	-
b. Individuals requiring services: total	37	37	-
Cases completed	24	24	-
Cases partially completed	-	-	-
Cases not started	13	13	-
c. Services provided: total	181	181	-
Preventive	13	13	-
Corrective	168	168	-
Extraction	18	18	-
Other	150	150	-
d. Patient visits: total	53	53	-

Patients receiving dental services: COUNTY: Morgan

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	363	363	-
Number of decayed, missing, filled teeth	691	691	-
Average DMF per person	1.9	1.9	-
b. Individuals requiring services: total	138	138	-
Cases completed	99	99	-
Cases partially completed	-	-	-
Cases not started	39	39	-
c. Services provided: total	254	254	-
Preventive	27	27	-
Corrective	227	227	-
Extraction	13	13	-
Other	214	214	-
d. Patient visits: total	128	128	-

Patients receiving dental services: COUNTY: Phillips

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	132	132	-
Number of decayed, missing, filled teeth	238	238	-
Average DMF per person	3.1	3.1	-
b. Individuals requiring services: total	65	65	-
Cases completed	28	28	-
Cases partially completed	-	-	-
Cases not started	37	37	-
c. Services provided: total	176	176	-
Preventive	5	5	-
Corrective	171	171	-
Extraction	10	10	-
Other	161	161	-
d. Patient visits: total	113	113	-

Patients receiving dental services: COUNTY: Sedgwick

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	117	117	-
Number of decayed, missing, filled teeth	234	234	-
Average DMF per person	2.0	2.0	-
b. Individuals requiring services: total	54	54	-
Cases completed	20	20	-
Cases partially completed	-	-	-
Cases not started	34	34	-
c. Services provided: total	98	98	-
Preventive	5	5	-
Corrective	94	94	-
Extraction	23	23	-
Other	71	71	-
d. Patient visits: total	75	75	-

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	242	238	4
Number of decayed, missing, filled teeth	765	748	17
Average DMF per person	3.1	3.2	4.3
b. Individuals requiring services: total	113	109	4
Cases completed	59	55	4
Cases partially completed	-	-	-
Cases not started	54	54	-
c. Services provided: total	566	546	20
Preventive	17	15	2
Corrective	549	531	18
Extraction	65	62	3
Other	484	469	15
d. Patient visits: total	156	149	7

Patients receiving dental services: COUNTY: San Luis Valley Region

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	274	268	6
Number of decayed, missing, filled teeth	1,027	1,009	18
Average DMF per person	3.8	3.9	3.0
b. Individuals requiring services: total	114	108	6
Cases completed	27	21	6
Cases partially completed	-	-	-
Cases not started	87	87	-
c. Services provided: total	128	111	17
Preventive	16	16	-
Corrective	112	95	17
Extraction	20	17	3
Other	92	78	14
d. Patient visits: total	48	41	7

Patients receiving dental services: COUNTY: Conejos

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	24	24	-
Number of decayed, missing, filled teeth	99	99	-
Average DMF per person	4.1	4.1	-
b. Individuals requiring services: total	13	13	-
Cases completed	-	-	-
Cases partially completed	-	-	-
Cases not started	13	13	-
c. Services provided: total	-	-	-
Preventive	-	-	-
Corrective	-	-	-
Extraction	-	-	-
Other	-	-	-
d. Patient visits: total			

Patients receiving dental services: COUNTY: Costilla

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	37	37	-
Number of decayed, missing, filled teeth	141	141	-
Average DMF per person	3.8	3.8	-
b. Individuals requiring services: total	18	18	-
Cases completed	3	3	-
Cases partially completed	-	-	-
Cases not started	15	15	-
c. Services provided: total	18	18	-
Preventive	6	6	-
Corrective	12	12	-
Extraction	2	2	-
Other	10	10	-
d. Patient visits: total	6	6	-

Patients receiving dental services: COUNTY: Rio Grande

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	150	144	6
Number of decayed, missing, filled teeth	666	648	18
Average DMF per person	4.4	4.5	3.0
b. Individuals requiring services: total	63	57	6
Cases completed	14	8	6
Cases partially completed	-	-	-
Cases not started	49	49	-
c. Services provided: total	62	45	17
Preventive	5	5	-
Corrective	57	40	17
Extraction	9	6	3
Other	48	34	14
d. Patient visits: total	26	19	7

Patients receiving dental services: COUNTY: Saguache (Center-Saguache)

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	63	63	-
Number of decayed, missing, filled teeth	121	121	-
Average DMF per person	3.5	3.5	-
b. Individuals requiring services: total	20	20	-
Cases completed	10	10	-
Cases partially completed	-	-	-
Cases not started	10	10	-
c. Services provided: total	48	48	-
Preventive	5	5	-
Corrective	43	43	-
Extraction	9	9	-
Other	34	34	-
d. Patient visits: total	16	16	-

Patients receiving dental services: COUNTY: Southeastern Colo. Region

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	269	264	5
Number of decayed, missing, filled teeth	572	543	29
Average DMF per person	2.1	2.1	5.8
b. Individuals requiring services: total	115	110	5
Cases completed	78	73	5
Cases partially completed	-	-	-
Cases not started	37	37	-
c. Services provided: total	656	597	59
Preventive	40	39	1
Corrective	616	558	58
Extraction	82	58	24
Other	534	500	34
d. Patient visits: total	237	227	10

Patients receiving dental services: COUNTY: Baca

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	88	88	-
Number of decayed, missing, filled teeth	167	167	-
Average DMF per person	1.9	1.9	-
b. Individuals requiring services: total	24	24	-
Cases completed	18	18	-
Cases partially completed	-	-	-
Cases not started	6	6	-
c. Services provided: total	92	92	-
Preventive	4	4	-
Corrective	88	88	-
Extraction	8	8	-
Other	80	80	-
d. Patient visits: total	58	58	-

Patients receiving dental services: COUNTY: Bent

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	34	34	-
Number of decayed, missing, filled teeth	71	71	-
Average DMF per person	2.1	2.1	-
b. Individuals requiring services: total	18	18	-
Cases completed	18	18	-
Cases partially completed	-	-	-
Cases not started	-	-	-
c. Services provided: total	145	145	-
Preventive	5	5	-
Corrective	140	140	-
Extraction	10	10	-
Other	130	130	-
d. Patient visits: total	39	39	-

Patients receiving dental services: COUNTY: Otero

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	46	42	4
Number of decayed, missing, filled teeth	100	72	28
Average DMF per person	2.2	1.7	7.0
b. Individuals requiring services: total	20	16	4
Cases completed	19	15	4
Cases partially completed	-	-	-
Cases not started	1	1	-
c. Services provided: total	207	150	57
Preventive	7	6	1
Corrective	200	144	56
Extraction	47	24	23
Other	153	120	33
d. Patient visits: total	44	35	9

Patients receiving dental services: COUNTY: Prowers

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	70	70	-
Number of decayed, missing, filled teeth	161	161	-
Average DMF per person	2.3	2.3	-
b. Individuals requiring services: total	32	32	-
Cases completed	12	12	-
Cases partially completed	-	-	-
Cases not started	20	20	-
c. Services provided: total	141	141	-
Preventive	21	21	-
Corrective	120	120	-
Extraction	5	5	-
Other	115	115	-
d. Patient visits: total	71	71	-

Patients receiving dental services: COUNTY: Pueblo

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	31	30	1
Number of decayed, missing, filled teeth	73	72	1
Average DMF per person	2.4	2.4	1.0
b. Individuals requiring services: total	21	20	1
Cases completed	11	10	-
Cases partially completed	-	-	-
Cases not started	10	10	-
c. Services provided: total	71	69	2
Preventive	3	3	-
Corrective	68	66	2
Extraction	12	11	1
Other	56	55	1
d. Patient visits: total	25	24	1

Patients receiving dental services: COUNTY: Western Slope

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	105	74	31
Number of decayed, missing, filled teeth	545	315	230
Average DMF per person	5.2	4.2	7.4
b. Individuals requiring services: total	52	28	24
Cases completed	43	26	17
Cases partially completed	-	-	-
Cases not started	9	2	7
c. Services provided: total	412	316	96
Preventive	7	4	3
Corrective	405	312	93
Extraction	18	2	16
Other	387	310	77
d. Patient visits: total	143	93	50

Patients receiving dental services: COUNTY: Delta

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	89	64	25
Number of decayed, missing, filled teeth	499	294	205
Average DMF per person	5.6	4.6	8.2
b. Individuals requiring services: total	44	26	18
Cases completed	37	26	11
Cases partially completed	-	-	-
Cases not started	7	-	7
c. Services provided: total	378	316	62
Preventive	6	4	2
Corrective	372	312	60
Extraction	13	2	11
Other	359	310	49
d. Patient visits: total	128	93	35

Patients receiving dental services: COUNTY: Mesa

Item	Total	Under 15	15 & Older
a. Number of migrants examined: total	16	10	6
Number of decayed, missing, filled teeth	46	21	25
Average DMF per person	2.9	2.1	4.2
b. Individuals requiring services: total	8	2	6
Cases completed	6	-	6
Cases partially completed	-	-	-
Cases not started	2	2	-
c. Services provided: total	34	-	34
Preventive	1	-	1
Corrective	33	-	33
Extraction	5	-	5
Other	28	-	28
d. Patient visits: total	15	-	15

NORTH CENTRAL REGION

A total of 1,219 children and adults were examined. The average number of teeth affected by dental disease per person was 2.3. Of the 607 persons needing care, 317 received treatment. A total of 2,807 services were provided, including 342 extractions and 2,465 restorative and preventive services in 840 patient visits.

A. Adams County:

A total of 156 children and adults were examined. The average number of teeth affected by dental disease per person was 2.8. Of the 82 migrants needing care, 40 received treatment. A total of 189 services were provided, including 37 extractions and 152 restorative and preventive services in 109 patient visits.

B. Boulder County:

A total of 122 children and adults were examined. The average number of teeth affected by dental disease per person was 2.5. Of the 64 persons needing care, 33 received treatment. A total of 489 services were provided, including 32 extractions and 457 restorative and preventive services in 70 patient visits.

C. Larimer County:

A total of 119 children and adults were examined. The average number of teeth affected by dental disease per person was 2.0. Of the 63 persons needing care, 49 received treatment. A total of 534 services were provided, including 39 extractions and 495 restorative and preventive services in 97 patient visits.

D. Weld County:

A total of 822 children and adults were examined. The average number of teeth affected by dental disease per person was 2.3. Of the 398 children and adults needing care, 195 received treatment. A total of 1,595 services were provided, including 234 extractions and 1,361 restorative and preventive services in 564 patient visits.

NORTHEASTERN AREA

A total of 1,235 children and adults were examined. The average number of teeth affected by dental disease per person was 2.3. Of the 566 children and adults needing care, 334 received treatment. A total of 1,866 services were provided, including 233 extractions and 1,633 restorative and preventive services in 712 patient visits.

A. Kit Carson County:

A total of 307 children and adults were examined. The average number of teeth affected by dental disease per child was 2.3. Of the 159

children and adults needing care, 104 received treatment. A total of 590 services were provided, including 104 extractions and 486 restorative and preventive services in 187 patient visits.

B. Logan County:

A total of 74 children were examined. The average number of teeth affected by dental disease per child was 2.2. Of the 37 children needing care, 24 received treatment. A total of 181 services were provided, including 18 extractions and 163 restorative and preventive services in 53 patient visits.

C. Morgan County:

A total of 363 children were examined. The average number of teeth affected by dental disease per child was 1.9. Of the 138 children needing care, 99 received treatment. A total of 254 services were provided, including 13 extractions and 241 restorative and preventive services in 128 patient visits.

D. Phillips County:

A total of 132 children were examined. The average number of teeth affected by dental disease per child was 3.1. Of the 65 children needing care, 28 received treatment. A total of 176 services were provided, including 10 extractions and 166 restorative and preventive services in 113 patient visits.

E. Sedgwick County:

A total of 117 children were examined. The average number of teeth affected by dental disease per child was 2.0. Of the 54 children needing care, 20 received treatment. A total of 98 services were provided, including 23 extractions and 75 restorative and preventive services in 75 patient visits.

F. Yuma County:

A total of 242 children and adults were examined. The average number of teeth affected by dental disease per person was 3.1. Of the 113 persons needing care, 59 received treatment. A total of 566 services were provided, including 65 extractions and 501 restorative and preventive services in 156 patient visits.

SAN LUIS VALLEY

A total of 274 children and adults were examined. The average number of teeth affected by dental disease per person was 3.8. Of the 114 children and adults needing care, 27 received treatment. A total of 128 services were provided, including 20 extractions and 108 restorative and preventive services in 48 patient visits.

A. Conejos County:

A total of 24 children were examined. The average number of teeth affected by dental disease per child was 4.1. Of the 13 children needing care, none received treatment.

B. Costilla County:

A total of 37 children were examined. The average number of teeth affected by dental disease per child was 3.8. Of the 18 children needing care, 3 received treatment. A total of 18 services were provided, including 2 extractions and 16 restorative and preventive services in 6 patient visits.

C. Rio Grande County:

A total of 150 children and adults were examined. The average number of teeth affected by dental disease per person was 4.4. Of the 63 persons needing care, 14 received treatment. A total of 62 services were provided, including 9 extractions and 53 restorative and preventive services in 26 patient visits.

C. Saguache County:

A total of 63 children were examined. The average number of teeth affected by dental disease per child was 3.5. Of the 20 children needing care, 10 received treatment. A total of 48 services were provided, including 9 extractions and 39 restorative and preventive services in 16 patient visits.

ARKANSAS VALLEY

A total of 269 children and adults were examined. The average number of teeth affected by dental disease per person was 2.1. Of the 115 children and adults needing care, 78 received treatment. A total of 656 services were provided, including 82 extractions and 574 restorative and preventive services in 237 patient visits.

A. Baca County:

A total of 88 children were examined. The average number of teeth affected by dental disease per child was 1.9. Of the 24 children needing care, 18 received treatment. A total of 92 services were provided, including 8 extractions and 84 restorative and preventive services in 58 patient visits.

B. Bent County:

A total of 34 children were examined. The average number of teeth affected by dental disease per child was 2.1. Of the 18 children needing care, 18 received treatment. A total of 145 services were provided, including 10 extractions and 135 restorative and preventive services in 39 patient visits.

C. Otero County:

A total of 46 children and adults were examined. The average number of teeth affected by dental disease per person was 2.2. Of the 20 persons needing care, 19 received treatment. A total of 207 services were provided, including 47 extractions and 160 restorative and preventive services in 44 patient visits.

D. Prowers County:

A total of 70 children were examined. The average number of teeth affected by dental disease per child was 2.3. Of the 32 children needing care, 12 received treatment. A total of 141 services were provided, including 5 extractions and 136 restorative and preventive services in 71 patient visits.

E. Pueblo County:

A total of 31 children and adults were examined. The average number of teeth affected by dental disease per person was 2.4. Of the 21 persons needing care, 11 received treatment. A total of 71 services were provided, including 12 extractions and 59 restorative and preventive services in 25 patient visits.

WESTERN SLOPE

A total of 105 children and adults were examined. The average number of teeth affected by dental disease per person was 5.2. Of the 52 children and adults needing care, 43 received treatment. A total of 412 services were provided, including 18 extractions and 394 restorative and preventive services in 143 patient visits.

A. Delta County:

A total of 89 children and adults were examined. The average number of teeth affected by dental disease per person was 5.6. Of the 44 children and adults needing care, 37 received treatment. A total of 378 services were provided, including 13 extractions and 365 restorative and preventive services in 128 patient visits.

B. Mesa County:

A total of 16 children and adults were examined. The average number of teeth affected by dental disease per person was 2.9. Of the 8 persons needing care, 6 received treatment. A total of 34 services were provided, including 5 extractions and 29 restorative and preventive services in 15 patient visits.

PUBLIC HEALTH NURSING NARRATIVE REPORT

1969 PROGRAM:

The Migrant Health Nursing Program during the agricultural season of 1969 was strengthened by further coordination with agencies serving migrant workers in other capacities. This coordination took many forms but it was always with the migrant health nurse as the focus of service to individuals and to their families.

In 1969, the Migrant Health Program employed six part-time nurses (four to six months) and one full-time nurse plus a nursing consultant on the state staff for six months. Four part-time nurses and the full-time nurse were provided through contracts with two health departments -- Weld County Health Department and the Mesa County Health Department. A nurse was employed for the Arkansas Valley for six months and the San Luis Valley for six months. In addition to the Migrant Project Nurses, 15 nurses worked on the Migrant Health Program as part of their regular caseloads or under special contract with four cooperating health departments and five cooperating county nursing services.

Other nurses were employed by other agencies working with the migrant families. These included five nurses employed by the Colorado Migrant Council for health services in their head start and day care center programs, and four nurses employed by that many school districts holding special migrant schools. More schools were held, in all a total of 23, but nursing service was arranged through contracts with local public health agencies or with nurses contracted by the schools for the summer but under supervision of local public health nurses or agencies.

The summer of 1969 saw the first organized attempt by the Colorado Migrant Council to coordinate services with the Migrant Health Program. In the two previous years of the Council's existence, communication was open between the two agencies, but true coordination existed only on the local level. Nurses simply discovered that by working together they could further their contacts with migrant families and render more comprehensive service to children. Communication and coordination with school nurses has been more difficult. Communication on the state level has been easy and open, but each local school district is autonomous in the planning and implementation of the school health program. Some nurses have worked alone and records of statistics have not been available for total evaluation.

With Colorado Migrant Council nurses coordination with the Migrant Health Program nurses, the services in 1969 were much improved. More referrals were possible with better follow-up of health problems of children and adults.

The Migrant Health Program nurses in their planning session desired to work with the objectives outlined in previous years. These objectives and the courses of action for each is outlined.

1. To interpret to the community the public health nursing program as it relates to the migrant farm worker.

   To fulfill this objective the migrant public health nurses have availed themselves of every opportunity to present their program to individuals; inform groups, organize clubs and agencies, and the use of news releases.

   This information program has resulted in community participation in various programs in all areas. For example; the public health nurses in Delta County were able to involve the entire community in a Health Fair held for the Navajos and Mexican-American workers. Donations for prizes and food, volunteer cooks and assistants literally rolled in.

   In Burlington (Kit Carson County) adult migrant women became totally involved in sewing classes conducted by housewives. This was the result of the migrant nurse talking to friends and church women about the migrant women's needs and interests.

   Community participation in other areas took form as clothing drives and shops for easy buying (jeans for 2¢ a pair, etc.); making ditty bags equipped with soap, toothbrushes and toothpaste, wash clothes to give to school children; fiesta evenings to honor the Mexican-American workers.

2. To seek a common framework of communications within the health team and between related disciplines as a means of coordinating nursing services providing patient and family care.

   Coordination with the Colorado Migrant Council was facilitated as the nurses worked together and shared clinics, referrals, and follow-up of patients needing home visits.

   For example, in the Arkansas Valley, the nurses from the two agencies attended Family Health Clinics together; the Arkansas Valley was divided with each nurse responsible for all activities in her area -- head start, day care, clinics, home visits, etc. This was also done in the San Luis Valley, with close coordination of services rendered to migrant families by the Sangre de Cristo Health Center in Costilla County. In Delta County, the county public health nurses, the migrant nurse from Mesa County Health Department, and the State migrant staff worked together to conduct a one-day Health Fair for the migrant workers and families in the Holly Camp.

   Housing investigators kept the nurses informed of new arrivals, families with problems, as the nurses reported any problems they noted in housing to the housing representatives.

3. To establish rapport with the migrants and those who are associated with him such as gorwers, crew bosses, and other workers.

   Rapport can be established with the migrant worker by the migrant nurse who exhibits true interest in and concern for the family,

regardless of the language barrier which exists in some cases. However the grower and crew boss are sometimes difficult to work with. Some growers are truly interested in their workers' welfare and report to the nurses immediately when the family has an illness or a suspected health problem. Others growers will take the migrant patient to the doctor himself but never refer to the nurses. Growers often have a hostile attitude toward all health workers because of the problems they meet in the housing field and the standards which force them to make changes and improvements. Nurses have endeavored to become acquainted with the growers so they will at least know who they are and thus, too, have an opportunity to interpret the services available, seek their cooperation, and make care more available to the migrant.

In almost all instances where growers have posted property against trespassing by migrant service personnel (a common practice), the growers have permitted nurses free access to migrant workers.

4. To identify and meet the migrants' needs by:

   a. Helping to identify his own individual needs.

      Home visiting, group sessions, assistance of interpreters, conferences with workers such as V.I.S.T.A., Migrant Ministry volunteers, and school out-reach workers aimed at determining the migrants' needs *as seen by him* with the basis on which the nurses performed their various functions.

   b. Helping him to plan for and seek proper care for health problems.

      Health was the dominant subject discussed with all migrant workers. Resources were made known to the migrant worker and to all who came in contact with him. Health needs such as immunization, PAP smear, tine testing for tuberculosis, dental care, nutrition with food planning, buying, and storing were presented to the migrant workers, adult and children, through visual aids, movies, one-to-one teaching in home visits and clinic visits, and through radio announcements in Spanish. Emergency or immediate care was not the only concern of the nurses in health teaching with migrant workers. The need for follow-up at either the next stop or at home-base was emphasized. When health problems dictated the need for further care or when the migrant worker seemed uninformed about the need to seek health guidance except when threatened with pain or immobility due to an acute condition.

   c. Helping him to recognize and accept his responsibility to the community.

      This was the most difficult objective to attain. It is difficult to teach an individual that he has such a responsibility when the community is hostile to him, threatened, and rejecting in every aspect of school, church, and employment. There were some positive factors in this area, however. The doctors who opened their offices to them for evening care were those truly interested and who spent many hours

servicing the migrant families; the Migrant Ministry volunteers were most helpful. The church congregation was another thing. Few of the migrant families attended Sunday services in any church. School often showed rejection. Laboratories and libraries were not open in many of the schools. Home economics was seldom held in the home economics laboratory. Craft shops were not always available to the boys. The community swimming pool was open at hours such as noon-time when attendance was low. There was little opportunity for contact with non-migrant children for the children in migrant schools.

The immediate community of the camp can be a starting place. Too often this, too, shows him rejection.

d. Recognizing the cultural factors that influence his actions and decisions.

Attempts are made to educate the nurses working with migrant families regarding the cultural factors that influence the migrant workers' attitudes towards everything from education to health to inter-personal relationships. The two main groups are Mexican-Americans and Navajo Indians. Each have their own culture, their own traditions, their own teachings and own values. The two cultures are far apart in many ways, not only from our own culture but from each other. To be effective, the nurses know they must learn not only the broad base of their culture, but the finer nuances and the proper approaches to teaching. A library of recognized authorities in the fields of both cultures has been made available. Orientation always includes culture and beliefs. Most nurses are always careful to observe these beliefs.

The nursing services provided to migrants varies with the type of services available -- project or non-project. The project nurses were able to work evenings, weekends, and to plan for time convenient for families. The non-project nurses were committed to other duties in their regular public health nursing duties to the resident population. However, they always made every attempt to reach families and were able to conduct many programs such as clinics, festivals and family days through their own generous volunteer of personal time.

To facilitate work with migrants, procedures were outlined, streamlined, and explained to all nurses involved in migrant health programs. Standing orders were obtained in line with the nurse licensing law which prohibits any form of diagnosis by nurses. This was an obstacle which was overcome by legal agreement that orders for "minor emergencies" according to symptoms and not disease would suffice. The Recommended Procedures for Minor Emergencies is in the Appendix to the report.

Family Health Clinics were available for the first time in four new areas; a one-day health festival was held in one county when expert screening procedures were available from recognized medical experts in the field. Nursing clinics were held in two areas with immediate referrals to either private physicians or to nearby clinics.

Health education was a part of every service rendered by a nurse. Health teaching is so much a part of their activities that some became frustrated when the crises of life-threatening conditions such as diarrheas, pneumonias and accidents prevented any teaching. Nurses felt that the families were being deprived of a service acutely needed in health education regarding their specific problems. But the emergencies were so many, the migrant workers were so ill, the personnel so limited, that the care of the emergency condition could not be enhanced by health teaching in any depth.

Referrals were available for medical care, dental care, and prescription items. The nurses or persons authorized by them were premitted to make out the referrals, and physicians accepted them without question. Many referrals were post-dated by the nurse when the migrant patient sought care without a referral but the physician required payment (in almost 100 percent of the cases). Referrals were made out-of-state usually to home base, but some were successfully referred to the next stop when the family knew where they were going and when. Sometimes the family left without warning and without an address. In these cases the nurses could only refer to home-base where the nurse would have to await the family's return at the end of the season. In 1969, the number of completed referrals from Texas increased. Where only a small percentage of replies had been received in previous years, the percentage of replies leaped in number in 1969. This was most gratifying to nurses who worried about families leaving with health problems unresolved or in need of long-term care. Very few referrals were received from out-of-state. The Appendix contains the detailed report on referrals.

At the end of the season, a questionnaire survey was made by nurses working with migrant families. It was attempted to determine the problems and achievements of the year and of the program in general. The questionnaire and the results are detailed in the Appendix.

Immunizations were not emphasized in DPT because of the feeling that many children were over-immunized and beginning to develop sensitivity to the toxoids or vaccines. Measles vaccine was used in many instances. It is felt that adult DT is a neglected area and one which is difficult to sell. Adults, especially male, feel that immunizations are fine for children but unnecessary for them. This opinion is strengthened when the one dose for the DT hurts for about 24 hours. More education needs to be done on this. It has been noted, too, that the adult male will reject an antibiotic shot if he can.

In recording the number of patients seen, by diagnosis, the nurses have noted that genito-urinary infections are high. Various theories have been advanced:

a. Difficulty in finding suitable toilet facilities in the fields, not sufficient water intake probably for the previous reason.

b. The migrant workers do not like the taste of the water in many places. This is an area for future study.

c. The number of venereal disease cases is minimal.

d. Upper respiratory and digestive problems present the most problems. The former may be due to poor housing and the latter to poor water and food storage facilities. We can only theorize because no reason has been documented in these cases.

Tine testing is routine procedure in health care of migrant families. Visio and auditory screening are mainly procedures used in schools. Streptococcus cultures are done very often because positive cultures are regularly found in children with sore throats. The State laboratory director feels, however, that about a 23 percent positive return is normal and does not represent an epidemic threat.

The 1969 program was an improvement over former years. However, to assure further improvement and better care for the migrant family, certain specific changes are planned for the 1970 season.

To provide more comprehensive nursing services to some areas, the former plan of contracts with local health departments will be changed. The migrant nurses assigned to the health department areas only will now be available to serve a larger area and to coordinate with other agencies, nurses and schools. A regional program will be planned for the Larimer, Boulder and Weld County Health Departments and the northern part of Tri-County Health Department territory. A coordinator will serve this area and assign nurses to work in those areas in need of nursing service. As this changes during the season, the assignment of nurses will change to assure nursing service in the areas receiving the impact of the moment.

On the Western Slope, the contract with Mesa County Health Department will not be renewed and the nurse formerly in their employ will be available to serve the three county areas of Montrose, Delta and Mesa. A nurse will be assigned for at least two months to the Northeast Health Department area. This is an area of high impact for two months. The present Health Department staff of three part-time nurses in the three counties with heavy migrant census is insufficient to meet the needs. In Logan and Morgan Counties there are four full-time nurses who should be able to serve the migrant population in their counties.

Orientation will be more intense and more prolonged, to give the nurses a better picture of the population and health problems they will be expected to work with and for.

There is a marked need for aides or family health workers, recruited either from the migrant stream or from the Spanish-speaking indigent group. Nurses have asked for this service ever since one has worked with migrant families. Budget needs have not permitted this extra personnel service.

On the minimum funding now granted, it is impossible to conduct a program satisfying to either the migrant recipients or to the nurses furnishing the services. Nurses work not an 8-hour day but 10, 12, 14, and 16 hours on many days, with no compensatory time even available because of program demands. We have been fortunate that nurses interested in working with

migrant groups are not clock-watchers. However, it is felt that they should not be reduced to this kind of intense work without due rest periods in between, at least. Additional staff is needed. Twice the number of project nurses plus at least one family health worker or out-reach aide for each project nurse would provide opportunity for furnishing the migrant families with the type of service that every nurse sees the need for, longs to give, and that families need if they are to survive, even, or to improve and learn and carry with them the teachings now known to be so important for their life style.

GRANT NUMBER: STATEWIDE

DATE SUBMITTED:

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	3501	1666	1835	4500
UNDER 1 YEAR	222	118	104	323
1 - 4 YEARS	985	490	495	1138
5 - 14 YEARS	856	441	415	1007
15 - 44 YEARS	1150	477	673	1448
45 - 64 YEARS	248	118	130	330
65 AND OLDER	40	22	18	58

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 1336

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 1447

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 189

No. of Hospital Days 882

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES-TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	1557	54	617	358	81	224	223
SMALLPOX	24	--	--	22	--	--	2
DIPHTHERIA	393	16	144	64	37	79	53
PERTUSSIS	313	16	144	56	7	59	31
TETANUS	362	11	144	64	37	47	59
POLIO	360	10	160	76	--	36	78
TYPHOID	--	--	--	--	--	--	--
MEASLES	94	1	25	65	--	3	--
OTHER (Specify) Mumps	11	--	--	11	--	--	--

REMARKS

TABLE II (Continued) - 5 MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
		TOTAL ALL CONDITIONS	3533	2039	673
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	484	367	87
	010	TUBERCULOSIS	18	10	6
	011	SYPHILIS	4	1	2
	012	GONORRHEA AND OTHER VENEREAL DISEASES	12	7	5
	013	INTESTINAL PARASITES	21	15	1
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	30	21	9
	015	All other	155	123	32
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	13	11	2
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	51	37	4
	019	OTHER INFECTIVE DISEASES (Give examples):			
		Hepatitis	6	1	5
		Skin	20	10	10
		Strep Infection	129	120	9
		Tooth	1	1	0
		Other	24	10	1
II.	02-	NEOPLASMS: TOTAL	22	10	6
	020	MALIGNANT NEOPLASMS (give examples):			
		Ca of pancreas	7	1	4
		G I Malignancy	3	2	1
		Unknown	2	1	1
	025	BENIGN NEOPLASMS	8	4	0
	029	NEOPLASMS of uncertain nature	2	2	0
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	139	58	50
	030	DISEASES OF THYROID GLAND	5	4	1
	031	DIABETES MELLITUS	69	19	33
	032	DISEASES of Other Endocrine Glands	2	1	1
	033	NUTRITIONAL DEFICIENCY	19	13	6
	034	OBESITY	33	16	3
	039	OTHER CONDITIONS	11	5	6
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	66	41	14
	040	IRON DEFICIENCY ANEMIA	59	37	11
	049	OTHER CONDITIONS	7	4	5
V.	05-	MENTAL DISORDERS: TOTAL	80	34	15
	050	PSYCHOSES	2	1	1
	051	NEUROSES and Personality Disorders	21	15	6
	052	ALCOHOLISM			
	053	MENTAL RETARDATION	8	6	2
	059	OTHER CONDITIONS	49	12	6
VI.	06	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	426	251	102
	060	PERIPHERAL NEURITIS	3	2	1
	061	EPILEPSY	4	2	2
	062	CONJUNCTIVITIS and other Eye Infections	96	53	11
	063	REFRACTIVE ERRORS of Vision	64	49	15
	064	OTITIS MEDIA	214	117	65
	069	OTHER CONDITIONS	45	28	8

PART II - 5. *(Continued)*

GRANT NUMBER

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			101	45	30
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	10	5	4
	070	RHEUMATIC FEVER	8	2	2
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	--	--	--
	072	CEREBROVASCULAR DISEASE (Stroke)	10	8	2
	073	OTHER DISEASES of the Heart	44	16	17
	074	HYPERTENSION	5	3	2
	075	VARICOSE VEINS	14	11	3
	079	OTHER CONDITIONS			
			940	563	158
	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	159	145	14
	080	ACUTE NASOPHARYNGITIS (Common Cold)	30	27	3
	081	ACUTE PHARYNGITIS	86	68	18
	082	TONSILLITIS	58	38	13
	083	BRONCHITIS	2	2	0
	084	TRACHEITIS/LARYNGITIS	34	34	0
	085	INFLUENZA	92	38	54
	086	PNEUMONIA	10	9	1
	087	ASTHMA, HAY FEVER	4	1	3
	088	CHRONIC LUNG DISEASE (Emphysema)	465	201	52
	089	OTHER CONDITIONS			
			241	112	15
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	72	53	3
	090	CARIES and Other Dental Problems	13	12	1
	091	PEPTIC ULCER	--	--	--
	092	APPENDICITIS	10	8	2
	093	HERNIA	2	2	0
	094	CHOLECYSTIC DISEASE	144	37	9
	099	OTHER CONDITIONS			
			169	79	44
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	120	52	37
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	7	1	6
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	5	5	0
	102	OTHER DISEASES of Male Genital Organs	2	2	0
	103	DISORDERS of Menstruation	1	1	0
	104	MENOPAUSAL SYMPTOMS	9	9	0
	105	OTHER DISEASES of Female Genital Organs	25	9	1
	109	OTHER CONDITIONS			
			74	44	9
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	3	2	1
	110	INFECTIONS of Genitourinary Tract during Preknancy	1	1	0
	111	TOXEMIAS of Pregnancy	2	1	1
	112	SPONTANEOUS ABORTION	34	28	6
	113	REFERRED FOR DELIVERY	17	3	6
	114	COMPLICATIONS of the Puerperium	17	9	0
	119	OTHER CONDITIONS			
			305	189	45
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	24	15	9
	120	SOFT TISSUE ABSCESS OR CELLULITIS	156	111	22
	121	IMPETIGO OR OTHER PYODERMA	10	8	2
	122	SEBORRHEIC DERMATITIS	26	22	4
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	9	6	3
	124	ACNE	80	27	5
	129	OTHER CONDITIONS			

11 - 5. (Continued)

GRANT NUMBER

ICD CLASS	MR CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	138	37	18
	130	RHEUMATOID ARTHRITIS	4	2	2
	131	OSTEOARTHRITIS	9	6	3
	132	ARTHRITIS, Unspecified	16	11	5
	139	OTHER CONDITIONS	109	18	8
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	14	8	4
	140	CONGENITAL ANOMALIES of Circulatory System	6	3	3
	149	OTHER CONDITIONS	8	5	1
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	9	2	0
	150	BIRTH INJURY	--	--	--
	151	IMMATURITY	--	--	--
	159	OTHER CONDITIONS	9	2	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	89	48	9
	160	SYMPTOMS OF SENILITY	1	0	1
	161	BACKACHE	23]	8	5
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	4	4	0
	163	HEADACHE	18	7	0
	169	OTHER CONDITIONS	43	29	3
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	236	151	67
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	135]	81	31
	171	BURNS	16	4	12
	172	FRACTURES	40	18	22
	173	SPRAINS, STRAINS, DISLOCATIONS	26	24	2
	174	POISON INGESTION	2	2	0
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	17	17	0

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	
	200	FAMILY PLANNING SERVICES	76
	201	WELL CHILD CARE	329
	202	PRENATAL CARE	205
	203	POSTPARTUM CARE	31
	204	TUBERCULOSIS: Follow-up of inactive case	21
	205	MEDICAL AND SURGICAL AFTERCARE	21
	206	GENERAL PHYSICAL EXAMINATION	925
	207	PAPANICOLAOU SMEARS	119
	208	TUBERCULIN TESTING	1183
	209	SEROLOGY SCREENING	281
	210	VISION SCREENING	975
	211	AUDITORY SCREENING	981
	212	SCREENING CHEST X-RAYS	55
	213	GENERAL HEALTH COUNSELLING	65
	219	OTHER SERVICES (Specify) Throat cultures	245
		Pedicnlosis Screening	194
		Ecological Evaluation	20
		Nutrition Counseling	25
		Other	29

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	142
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	623
2 FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	2231
b. TOTAL HOUSEHOLDS SERVED	941
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	--
d. VISITS TO SCHOOLS, DAY CARE CENTERS	363
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	1496
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	1302
(1) Within Area	1272
(Total Completed)	--
(2) Out of Area	54
(Total Completed)	34
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	--
(Total Completed)	--
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	20
(Total Completed)	17
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	19
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	1270
(1) Number presenting health record.	394
(2) Number given health record	754
4. OTHER ACTIVITIES *(Specify)*:	
Conferences, Classes and Meetings	

REMARKS

GRANT NUMBER
TOTAL PROJECT NURSES
DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	211	1084	1031	2611
UNDER 1 YEAR	118	66	52	151
1 - 4 YEARS	582	294	288	628
5 - 14 YEARS	427	230	197	563
15 - 44 YEARS	819	393	426	926
45 - 64 YEARS	151	87	64	205
65 AND OLDER	18	14	4	26

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 823

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 780

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 79

No. of Hospital Days 431

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES-TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	603	51	112	98	21	203	118
SMALLPOX	--	--	--	--	--	--	--
DIPHTHERIA	173	15	29	17	7	72	33
PERTUSSIS	142	15	29	17	7	52	22
TETANUS	136	10	29	17	7	40	33
POLIO	118	10	25	17	--	36	30
TYPHOID	--	--	--	--	--	--	--
MEASLES	28	1	--	24	--	3	--
OTHER (Specify) Mumps	6	--	--	6	--	--	--

REMARKS

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
		TOTAL ALL CONDITIONS	1843*	799	223
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	185	115	40
	010	TUBERCULOSIS	4	1	1
	011	SYPHILIS	4	1	2
	012	GONORRHEA AND OTHER VENEREAL DISEASES	10	6	4
	013	INTESTINAL PARASITES	7	2	0
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	13	8	5
	015	All other	117	90	27
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	1	1	0
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	14	4	0
	019	OTHER INFECTIVE DISEASES (*Give examples*): Lymphnodes, Unknown	15	2	0
II.	02-	NEOPLASMS: TOTAL	12	2	4
	020	MALIGNANT NEOPLASMS (*give examples*): Ca of Pancreas	7	1	4
	025	BENIGN NEOPLASMS	5	1	0
	029	NEOPLASMS of uncertain nature	1		
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	72	24	17
	030	DISEASES OF THYROID GLAND	2	2	0
	031	DIABETES MELLITUS	42	10	15
	032	DISEASES of Other Endocrine Glands	2	1	1
	033	NUTRITIONAL DEFICIENCY	4	4	0
	034	OBESITY	22	7	1
	039	OTHER CONDITIONS			
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	35	23	1
	040	IRON DEFICIENCY ANEMIA	35	23	1
	049	OTHER CONDITIONS			
V.	05-	MENTAL DISORDERS: TOTAL	60	22	7
	050	PSYCHOSES	14	12	2
	051	NEUROSES and Personality Disorders			
	052	ALCOHOLISM			
	053	MENTAL RETARDATION	5	3	2
	059	OTHER CONDITIONS	41	7	3
VI.	06	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	185	93	19
	060	PERIPHERAL NEURITIS	3	2	1
	061	EPILEPSY	1	1	0
	062	CONJUNCTIVITIS and other Eye Infections	47	15	0
	063	REFRACTIVE ERRORS of Vision	13	13	0
	064	OTITIS MEDIA	108	58	18
	069	OTHER CONDITIONS	13	4	0

PART II - 5. *(Continued)*

GRANT NUMBER

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	52	17	9
	070	RHEUMATIC FEVER	6	3	2
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	6	1	1
	072	CEREBROVASCULAR DISEASE (Stroke)	--	--	--
	073	OTHER DISEASES of the Heart	2	2	0
	074	HYPERTENSION	29	6	2
	075	VARICOSE VEINS	5	3	2
	079	OTHER CONDITIONS	4	2	2
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	496	243	34
	080	ACUTE NASOPHARYNGITIS (Common Cold)	68	59	9
	081	ACUTE PHARYNGITIS	13	13	0
	082	TONSILLITIS	44	38	6
	083	BRONCHITIS	24	13	4
	084	TRACHEITIS/LARYNGITIS	--	--	--
	085	INFLUENZA	13	13	0
	086	PNEUMONIA	12	8	4
	087	ASTHMA, HAY FEVER	7	6	1
	088	CHRONIC LUNG DISEASE (Emphysema)	2	1	1
	089	OTHER CONDITIONS	313	92	9
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	142	25	3
	090	CARIES and Other Dental Problems	16	0	0
	091-	PEPTIC ULCER	12	11	1
	092	APPENDICITIS	--	--	--
	093	HERNIA	5	4	1
	094	CHOLECYSTIC DISEASE	2	2	0
	099	OTHER CONDITIONS	107	8	1
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	111	36	29
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	85	31	23
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	7	1	6
	102	OTHER DISEASES of Male Genital Organs	2	2	0
	103	DISORDERS of Menstruation	--	--	--
	104	MENOPAUSAL SYMPTOMS	--	--	--
	105	OTHER DISEASES of Female Genital Organs	2	2	0
	109	OTHER CONDITIONS	15	--	--
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	28	5	2
	110	INFECTIONS of Genitourinary Tract during Pregnancy	3	2	1
	111	TOXEMIAS of Pregnancy	1	1	0
	112	SPONTANEOUS ABORTION	--	--	--
	113	REFERRED FOR DELIVERY	--	--	--
	114	COMPLICATIONS of the Puerperium	16	2	1
	119	OTHER CONDITIONS	8	--	--
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	169	79	19
	120	SOFT TISSUE ABSCESS OR CELLULITIS	7	4	3
	121	IMPETIGO OR OTHER PYODERMA	82	52	7
	122	SEBORRHEIC DERMATITIS	4	4	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	11	8	3
	124	ACNE	4	2	2
	129	OTHER CONDITIONS	61	9	4

PART II - 5. *(Continued)*

GRANT NUMBER

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	111	18	10
	130	RHEUMATOID ARTHRITIS	4	2	2
	131	OSTEOARTHRITIS	9	6	3
	132	ARTHRITIS, Unspecified	15	10	5
	139	OTHER CONDITIONS	83	0	0
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	10	5	3
	140	CONGENITAL ANOMALIES of Circulatory System	5	2	3
	149	OTHER CONDITIONS	5	3	0
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	7	0	0
	150	BIRTH INJURY	--	--	--
	151	IMMATURITY	--	--	--
	159	OTHER CONDITIONS Early Infancy	7	0	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	54	18	4
	160	SYMPTOMS OF SENILITY	--	--	--
	161	BACKACHE	18	5	3
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	4	4	0
	163	HEADACHE	13	2	0
	169	OTHER CONDITIONS	19	7	1
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	114	74	22
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	52	28	6
	171	BURNS	12	3	9
	172	FRACTURES	12	6	6
	173	SPRAINS, STRAINS, DISLOCATIONS	22	21	1
	174	POISON INGESTION	--	--	--
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	16	16	0

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	48
	200	FAMILY PLANNING SERVICES	298
	201	WELL CHILD CARE	164
	202	PRENATAL CARE	12
	203	POSTPARTUM CARE	3
	204	TUBERCULOSIS: Follow-up of inactive case	5
	205	MEDICAL AND SURGICAL AFTERCARE	397
	206	GENERAL PHYSICAL EXAMINATION	73
	207	PAPANICOLAOU SMEARS	376
	208	TUBERCULIN TESTING	266
	209	SEROLOGY SCREENING	316
	210	VISION SCREENING	340
	211	AUDITORY SCREENING	2
	212	SCREENING CHEST X-RAYS	5
	213	GENERAL HEALTH COUNSELLING	112
	219	OTHER SERVICES Throat Cultures Miscellaneous	5
		(Specify)	

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	134
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	454
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	1931
b. TOTAL HOUSEHOLDS SERVED	736
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	--
d. VISITS TO SCHOOLS, DAY CARE CENTERS	263
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	949
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	620
(1) Within Area	600
(Total Completed)	478
(2) Out of Area	37
(Total Completed)	7
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	--
(Total Completed)	--
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	1
(Total Completed)	1
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	--
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	47
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	320
(1) Number presenting health record.	82
(2) Number given health record	128
4. OTHER ACTIVITIES (Specify):	
Conferences, Classes, Meeting	

REMARKS

GRANT NUMBER

NON-FUNDED NURSES - TOTAL

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	1466	682	784	1889
UNDER 1 YEAR	104	52	52	172
1 - 4 YEARS	403	196	207	514
5 - 14 YEARS	429	211	218	504
15 - 44 YEARS	411	184	247	542
45 - 64 YEARS	97	31	66	125
65 AND OLDER	22	8	14	32

a. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 513

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 597

3 MIGRANT PATIENTS HOSPITALIZED *(Regardless of arrangements for payment)*:

No. of Patients *(exclude newborn)* 110

No. of Hospital Days 451

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES-TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	954	3	505	260	60	21	105
SMALLPOX	24	--	--	22	--	--	2
DIPHTHERIA	220	1	115	47	30	7	20
PERTUSSIS	171	1	115	39	--	7	9
TETANUS	226	1	115	47	30	7	26
POLIO	242	--	135	59	--	--	48
TYPHOID	--	--	--	--	--	--	--
MEASLES	66	--	25	41	--	--	--
OTHER *(Specify)* Mumphs	5	--	--	5	--	--	--

REMARKS

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			1690	1240	450
XVII.		TOTAL ALL CONDITIONS			
			299	252	47
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	14	9	5
	010	TUBERCULOSIS	0	0	0
	011	SYPHILIS	2	1	1
	012	GONORRHEA AND OTHER VENEREAL DISEASES	14	13	1
	013	INTESTINAL PARASITES			
		DIARRHEAL DISEASE (infectious or unknown origins):	17	13	4
	014	Children under 1 year of age	38	33	5
	015	All other	12	10	2
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	37	33	4
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)			
	019	OTHER INFECTIVE DISEASES (*Give examples*): Infectious Hepatitis	6	1	5
		Impetigo	20	10	10
		Strep Infection	129	120	9
		Tooth	1	1	0
		Other	9	8	1
			10	8	2
II.	02-	NEOPLASMS: TOTAL	3	2	1
	020	MALIGNANT NEOPLASMS (*give examples*): G. I. Malignancy			
			3	3	0
	025	BENIGN NEOPLASMS	2	2	0
	029	NEOPLASMS of uncertain nature			
			67	34	33
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	3	2	1
	030	DISEASES OF THYROID GLAND	27	9	18
	031	DIABETES MELLITUS	0	0	0
	032	DISEASES of Other Endocrine Glands	15	9	6
	033	NUTRITIONAL DEFICIENCY	11	9	2
	034	OBESITY	11	5	6
	039	OTHER CONDITIONS			
			31	18	13
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	24	14	10
	040	IRON DEFICIENCY ANEMIA	7	4	3
	049	OTHER CONDITIONS			
			20	12	8
V.	05-	MENTAL DISORDERS: TOTAL	2	1	1
	050	PSYCHOSES	7	3	4
	051	NEUROSES and Personality Disorders			
	052	ALCOHOLISM	0	0	0
	053	MENTAL RETARDATION	3	3	0
	059	OTHER CONDITIONS	8	5	3
			241	158	83
VI.	06	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	0	0	0
	060	PERIPHERAL NEURITIS	3	1	2
	061	EPILEPSY	49	38	11
	062	CONJUNCTIVITIS and other Eye Infection	51	36	15
	063	REFRACTIVE ERRORS of Vision	106	59	47
	064	OTITIS MEDIA	32	24	8
	069	OTHER CONDITIONS			

PART II - 5. *(Continued)*

GRANT NUMBER

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	49	28	21
	070	RHEUMATIC FEVER	4	2	2
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	2	1	1
	072	CEREBROVASCULAR DISEASE (Stroke)	0	0	0
	073	OTHER DISEASES of the Heart	8	6	2
	074	HYPERTENSION	25	10	15
	075	VARICOSE VEINS	0	0	0
	079	OTHER CONDITIONS	10	9	1
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	444	320	124
	080	ACUTE NASOPHARYNGITIS (Common Cold)	91	86	5
	081	ACUTE PHARYNGITIS	17	14	3
	082	TONSILLITIS	42	30	12
	083	BRONCHITIS	34	25	9
	084	TRACHEITIS/LARYNGITIS	2	2	0
	085	INFLUENZA	31	31	0
	086	PNEUMONIA	80	30	50
	087	ASTHMA, HAY FEVER	3	3	0
	088	CHRONIC LUNG DISEASE (Emphysema)	2	0	2
	089	OTHER CONDITIONS Mainly Rhinitis	152	109	43
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	99	87	12
	090	CARIES and Other Dental Problems	56	53	3
	091	PEPTIC ULCER	1	1	0
	092	APPENDICITIS	0	0	0
	093	HERNIA	5	4	1
	094	CHOLECYSTIC DISEASE	0	0	0
	099	OTHER CONDITIONS	37	29	8
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	58	43	15
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	35	21	14
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	0	0	0
	102	OTHER DISEASES of Male Genital Organs	3	3	0
	103	DISORDERS of Menstruation	2	2	0
	104	MENOPAUSAL SYMPTOMS	1	1	0
	105	OTHER DISEASES of Female Genital Organs	7	7	0
	109	OTHER CONDITIONS	10	9	1
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	46	39	7
	110	INFECTIONS of Genitourinary Tract during Pregnancy	0	0	0
	111	TOXEMIAS of Pregnancy	0	0	0
	112	SPONTANEOUS ABORTION	2	1	1
	113	REFERRED FOR DELIVERY	34	28	6
	114	COMPLICATIONS of the Puerperium	1	1	0
	119	OTHER CONDITIONS	9	9	0
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	136	110	26
	120	SOFT TISSUE ABSCESS OR CELLULITIS	17	11	6
	121	IMPETIGO OR OTHER PYODERMA	74	59	15
	122	SEBORRHEIC DERMATITIS	7	4	3
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	15	14	1
	124	ACNE	5	4	1
	129	OTHER CONDITIONS	19	18	1

PART II - 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	27	19	8
	130	RHEUMATOID ARTHRITIS	0	0	0
	131	OSTEOARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	1	1	0
	139	OTHER CONDITIONS	26	18	8
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	4	3	1
	140	CONGENITAL ANOMALIES of Circulatory System	1	1	0
	149	OTHER CONDITIONS	3	2	1
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	2	2	0
	150	BIRTH INJURY	0	0	0
	151	IMMATURITY	0	0	0
	159	OTHER CONDITIONS	2	2	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	35	30	5
	160	SYMPTOMS OF SENILITY	1	0	1
	161	BACKACHE	5	3	2
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0	0	0
	163	HEADACHE	5	5	0
	169	OTHER CONDITIONS	24	22	2
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	122	77	45
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	83	58	25
	171	BURNS	4	1	3
	172	FRACTURES	28	12	16
	173	SPRAINS, STRAINS, DISLOCATIONS	4	3	1
	174	POISON INGESTION	2	2	0
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	1	1	0

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	
	200	FAMILY PLANNING SERVICES	28
	201	WELL CHILD CARE	31
	202	PRENATAL CARE	41
	203	POSTPARTUM CARE	19
	204	TUBERCULOSIS: Follow-up of inactive case	18
	205	MEDICAL AND SURGICAL AFTERCARE	16
	206	GENERAL PHYSICAL EXAMINATION	528
	207	PAPANICOLAOU SMEARS	46
	208	TUBERCULIN TESTING	907
	209	SEROLOGY SCREENING	15
	210	VISION SCREENING	659
	211	AUDITORY SCREENING	641
	212	SCREENING CHEST X-RAYS	53
	213	GENERAL HEALTH COUNSELLING	57
	219	OTHER SERVICES	
		(Specify) Pedienlosis Screening	194
		Strep Cultures	133
		Nutrition Counseling	25
		Ecological Evaluation	20
		Social Services	24

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	8
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	169
2 FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	300
b. TOTAL HOUSEHOLDS SERVED	178+
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	505
d. VISITS TO SCHOOLS, DAY CARE CENTERS	100
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	547
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	688
(1) Within Area	672
(Total Completed)	?
(2) Out of Area	16
(Total Completed)	?
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	0
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	0
(Total Completed)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	83
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	19
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	950
(1) Number presenting health record.	312
(2) Number given health record.	626
4. OTHER ACTIVITIES *(Specify)*:	

REMARKS

1969 MIGRANT HEALTH PROGRAM IN WELD COUNTY

The 1969 plan for migrant care was to conduct medical care clinics in Greeley two nights a week (Monday and Friday and Wednesday night at Fort Lupton Labor Camp). Two Public Health Nurses, a public health nurse aide, and a secretary receptionist were employed through a grant from the State Health Department Migrant Health Program.

One nurse and secretary worked in the Health Department office at the Fort Lupton Labor Camp when the facility was open - Monday through Friday from 12 o'clock noon to 9 p.m.

The nurse held nursing clinic during the day and referred those who needed immediate medical attention to one of three local physicians (two M.D.'s and one D.O.), or directly to the emergency room at Colorado General Hospital. Appointments for special problems such as needed for eye examinations and/or dental care were obtained. With the fee-for-service payment plan, many more people were served than in previous years. The night clinics served from six people early in the season to as many as 40 persons at the peak season in mid-August.

The first night of clinics at Fort Lupton, clinic staff spoke to a group of demonstrators seeking 24-hour medical coverage at the camp. The Colorado Rural Legal Services followed up the demonstration with a formal written request for more medical staff. Attempts to set up additional medical clinics during the weekends were not successful because of the lack of physicians to provide this service. An answering service during the non-covered hours was set up so that a member of the health department staff was available to authorize referrals for care. Two Saturday evenings, a doctor was available at the labor camp but no one came even through an attempt by the nurse or door-to-door announcement and through the Farm Workers' office to inform the people was made.

As in previous years, two additional maternity clinics in Fort Lupton were staffed by the regular health department nurses and obstetrical residents from the Colorado University Medical Center. A total of 67 women were seen during the four-month migrant season. Family planning services were also available at those clinics. These same services were available in the regular maternity and planned parenthood clinics in Greeley also even though no extra clinics were added.

One difficulty has always been apparent, many of the women were working in the fields and often did not leave their jobs which were more important at that point than the medical care. It should have been available in the evenings.

Because of frightening experiences which included gun fire on one evening, and several break-ins to the clinic, additional personnel were employed to stay at the clinic when the nurse was out making contacts in the camp in the evenings and also when she served in a Tuesday night clinic in a neighboring county.

Our fears that the formidable appearance of the hospital and health department structures would deter migrant workers from attending the clinics in Greeley were dispelled when the attendance ranged from 23 the first clinic on the 20th of June to as high as 27. Average attendance was 15 persons.

The greatest problem encountered was lack of transportation to scheduled appointments for medical and dental care. This was partially solved by the Farm Workers' United Program which set up a transportation service not only for medical needs but also for getting to legal counsel.

A frustrating problem in use of nurses time was the many hours the nurses spent making appointments and referring the people to other resources for food, clothing and social services. The use of more aides was recommended to do this type of work so the nurse would be free to follow-up acutely ill patients needing injections, dressing changes, interpretation of medical treatment and teaching preventive aspects and normal growth and development.

Several newly diagnosed diabetics were followed and taught how to administer insulin and plan diabetic diets.

Coordinating with other workers from the Colorado Migrant Council and providing supervision of their infant and day-care centers were additional activities carried out. The Colorado Migrant Council assigned their public health nurse to the health department staff which resulted in maximum coordination.

The problem of hospitalization remained acute even though many were cared for at Colorado General Hospital. The small sum of state money made available for hospitalization did assist us in getting hospital care paid for at Weld County General Hospital.

The migrant housing representative and his aide did an excellent job of case-finding and referral of ill migrants to the nursing staff and worked closely with all the migrant programs in the county.

One migrant nurse was retained during October, November and December and during the two severe snowstorms in October spent many hours in the camp trying to get medical care for those in need. She continued to visit the labor camp daily until all the migrants had moved. Fifty visits to migrants were made in December because many of them stayed in the area.

The difficulty of having a different doctor at each clinic precludes good comprehensive continuous care. Each physician felt frustrated because he did not see the patients for follow-up and the next physician often ordered a whole new series of medications.

Even though we had sample drugs in limited quantity and some stock medications, many prescriptions were ordered. The nurses would often find several bottles of drugs in the homes which had not been taken to completion of treatment. As soon as the patient felt better, he would take no more medication and in a short time was ill again.

Because of the short stay of most of the migrant workers the nurses frustration level of incomplete follow-up is very high.

RECOMMENDATIONS:

1. More family health aides to assist the nurses.

2. Additional hospital money.

3. Better coordination between agencies providing services.

WELD COUNTY

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

June - September 1969

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	974	436	538	1252
UNDER 1 YEAR	66	35	31	81
1 - 4 YEARS	321	164	157	338
5 - 14 YEARS	265	147	118	315
15 - 44 YEARS	244	53	191	315
45 - 64 YEARS	68	29	39	88
65 AND OLDER	10	8	2	13

a. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 530

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 208

3. MIGRANT PATIENTS HOSPITALIZED *(Regardless of arrangements for payment):*

No. of Patients *(exclude newborn)* 35

No. of Hospital Days 162

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES-TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	29	22	1	6	--	91	20
SMALLPOX	--	--	--	--	--	--	--
DIPHTHERIA	9	8	--	1	--	41	10
PERTUSSIS	9	8	--	1	--	21	--
TETANUS	4	3	--	1	--	9	10
POLIO	4	3	--	1	--	20	--
TYPHOID	--	--	--	--	--	--	--
MEASLES	--	--	--	--	--	--	--
OTHER *(Specify)* Gamma Globulin	3	--	1	2	--	--	--

REMARKS

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
		TOTAL ALL CONDITIONS	819		
	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	30		
	010	TUBERCULOSIS	2		
	011	SYPHILIS	1		
	012	GONORRHEA AND OTHER VENEREAL DISEASES	0		
	013	INTESTINAL PARASITES	5		
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	0		
	015	All other	0		
	016	"CHILDHOOD DISEASES" – mumps, measles, chickenpox	0		
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	11		
	019	OTHER INFECTIVE DISEASES *(Give examples)*: DX Unknown	12		
II.	02-	NEOPLASMS: TOTAL	6		
	020	MALIGNANT NEOPLASMS *(give examples)*:	2		
	025	BENIGN NEOPLASMS	4		
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	31		
	030	DISEASES OF THYROID GLAND	0		
	031	DIABETES MELLITUS	17		
	032	DISEASES of Other Endocrine Glands	0		
	033	NUTRITIONAL DEFICIENCY	0		
	034	OBESITY	14		
	039	OTHER CONDITIONS	0		
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	11		
	040	IRON DEFICIENCY ANEMIA	11		
	049	OTHER CONDITIONS	0		
	05-	MENTAL DISORDERS: TOTAL	31		
	050	PSYCHOSES			
	051	NEUROSES and Personality Disorders			
	052	ALCOHOLISM			
	053	MENTAL RETARDATION			
	059	OTHER CONDITIONS			
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	73		
	060	PERIPHERAL NEURITIS	0		
	061	EPILEPSY	0		
	062	CONJUNCTIVITIS and other Eye Infections	32		
	063	REFRACTIVE ERRORS of Vision	0		
	064	OTITIS MEDIA	32		
	069	OTHER CONDITIONS	9		

PART II - 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			26		
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	1		
	070	RHEUMATIC FEVER	4		
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0		
	072	CEREBROVASCULAR DISEASE (Stroke)	0		
	073	OTHER DISEASES of the Heart	21		
	074	HYPERTENSION	0		
	075	VARICOSE VEINS	0		
	079	OTHER CONDITIONS			
			219		
	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	0		
	080	ACUTE NASOPHARYNGITIS (Common Cold)	0		
	081	ACUTE PHARYNGITIS	0		
	082	TONSILLITIS	7		
	083	BRONCHITIS	0		
	084	TRACHEITIS/LARYNGITIS	0		
	085	INFLUENZA	0		
	086	PNEUMONIA	0		
	087	ASTHMA, HAY FEVER	0		
	088	CHRONIC LUNG DISEASE (Emphysema)	181		
	089	OTHER CONDITIONS Upper Respiratory Infection	31		
		Other	114		
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	16		
	090	CARIES and Other Dental Problems	0		
	091	PEPTIC ULCER	0		
	092	APPENDICITIS	0		
	093	HERNIA	0		
	094	CHOLECYSTIC DISEASE	98		
	099	OTHER CONDITIONS Gastroenteritis and Colites			
			46		
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	31		
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	0		
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	0		
	102	OTHER DISEASES of Male Genital Organs	0		
	103	DISORDERS of Menstruation	0		
	104	MENOPAUSAL SYMPTOMS	0		
	105	OTHER DISEASES of Female Genital Organs	15		
	109	OTHER CONDITIONS Genital System			
			21		
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	0		
	110	INFECTIONS of Genitourinary Tract during Pregnancy	0		
	111	TOXEMIAS of Pregnancy	0		
	112	SPONTANEOUS ABORTION	0		
	113	REFERRED FOR DELIVERY	13		
	114	COMPLICATIONS of the Puerperium	8		
	119	OTHER CONDITIONS			
			71		
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	0		
	120	SOFT TISSUE ABSCESS OR CELLULITIS	23		
	121	IMPETIGO OR OTHER PYODERMA	0		
	122	SEBORRHEIC DERMATITIS	0		
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	0		
	124	ACNE	48		
	129	OTHER CONDITIONS			

PART II - 5. *(Continued)*

GRANT NUMBER

ICD CLASS	MII CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	83		
	130	RHEUMATOID ARTHRITIS	0		
	131	OSTEOARTHRITIS	0		
	132	ARTHRITIS, Unspecified	0		
	139	OTHER CONDITIONS	83		
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	2		
	140	CONGENITAL ANOMALIES of Circulatory System	0		
	149	OTHER CONDITIONS	2		
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	7		
	150	BIRTH INJURY	0		
	151	IMMATURITY	0		
	159	OTHER CONDITIONS Early Infancy	7		
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	32		
	160	SYMPTOMS OF SENILITY	0		
	161	BACKACHE	10		
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0		
	163	HEADACHE	11		
	169	OTHER CONDITIONS	11		
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	13		
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	13		
	171	BURNS	0		
	172	FRACTURES	0		
	173	SPRAINS, STRAINS, DISLOCATIONS	0		
	174	POISON INGESTION	0		
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	0		

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	231
	200	FAMILY PLANNING SERVICES	30
	201	WELL CHILD CARE	2
	202	PRENATAL CARE	126
	203	POSTPARTUM CARE	0
	204	TUBERCULOSIS: Follow-up of inactive case	0
	205	MEDICAL AND SURGICAL AFTERCARE	2
	206	GENERAL PHYSICAL EXAMINATION	220
	207	PAPANICOLAOU SMEARS	48
	208	TUBERCULIN TESTING	0
	209	SEROLOGY SCREENING	0
	210	VISION SCREENING	0
	211	AUDITORY SCREENING	0
	212	SCREENING CHEST X-RAYS	0
	213	GENERAL HEALTH COUNSELLING	0
	219	OTHER SERVICES Fitting Prostetic Devices	2
		(Specify)	1

PART III - NURSING SERVICE

TYPE OF SERVICE	NUMBER
NURSING CLINICS:	
a. NUMBER OF CLINICS	88
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	311
FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	994
b. TOTAL HOUSEHOLDS SERVED	474
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	0
d. VISITS TO SCHOOLS, DAY CARE CENTERS	21
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	500
ONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	126
(1) Within Area	111
(Total Completed)	
(2) Out of Area	15
(Total Completed)	
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	0
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	5
(Total Completed)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	0
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	25
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	0
(1) Number presenting health record.	
(2) Number given health record.	
OTHER ACTIVITIES *(Specify)*:	
Conferences, Classes and Meetings	65

EMARKS

1969 MIGRANT HEALTH PROGRAM IN MESA COUNTY

Since there was minimal migrant labor activity in Mesa County during the month of May it was felt that we should pursue the following:

1. Prepare revised program objectives.

2. Assign duties and responsibilities.

3. Prepare an intensive staff orientation program.

With this report we are submitting the total plan of action for the migrant season.

In addition we have been involved with coordination activities with Migrant Council, the school district, and other persons involved with migrant workers.

The applied definition of a migrant as stated in "Community Health Manual, Volume II" shall be applicable to Mesa County Department of Public Health, Nursing Division.

> "For the purpose of the Migrant Health Program, a migrant is defined as a worker who is engaged primarily in agricultural and related seasonal industry, (or who has been so engaged at one or more times during the past two crop seasons) and who must move so far in the course of his regular agricultural employment schedule that he must establish a temporary residence at one or more locations away from the place he calls home. This definition includes family dependents who may or may not move with the worker in a given year for all or part of the season. Persons who leave an area temporarily (out-migrants) to go elsewhere for agricultural work for several weeks or months, as well as those who come into an area temporarily (in-migrants) for agricultural work, are considered migrants within the program's definition."

Orientation to migrant health for public health nursing staff; Session I, Discussion of:

1. Objectives

2. Coordinator duties and responsibilities.

3. General nursing staff duties and responsibilities.

4. Record system.

Session II, Problems of Migrant Workers: Reading Assignments:

1. Lewis, Oscar; Children of Sanchez

2. Compiled by "National Share Croppers Fund Report, Conditions of Farm Workers and Small Farmers in 1966," Summarizations of Rural Problems.

3. Moore, Truman, "Slaves for Rent", The Atlantic Extra 1965,

4. Holly Agricultural News articles.

5. Schulman, Sam, "Barriors to Effective Understanding".

6. The Mental Health of the American Indian, Reprints from The Journal of American Psychiatry.

Each nurse has a reading assignment, report to group, generalized discussion to follow.

Session III, Regulations Controlling Migrant Labor.

1. Housing - James Fowler

2. Day care requirements.

3. Employment wage requirements.

What can we do in view of our objectives that will be new, innovative, and more adequately give health services?

Objectives:

1. To provide health information regarding:

   a. General health maintenance.
   b. Screening measures as early case-finding.
   c. Services available for health care and treatment.

2. Provide early case-finding and direct treatment services for current health problems.

3. To provide immediate home follow-up services to any person having received physician's services.

4. To provide supervision and services to the Day Care Center Program as needed.

5. To provide screening programs and health education programs to the migrant school as indicated.

6. To communicate, coordinate, cooperate with any other services being provided to migrants in Mesa County

Duties and Responsibilities:

The Nursing Coordinator shall be Marguerite Cattles, Public Health Nurse, who shall:

1. Be responsible to approve all medical care payments.

2. Be responsible to prepare all narrative reports requested by the State Health Department.

3. Be responsible to attent all Migrant Council meetings or provide for attendance in her absence.

4. Be responsible for visits to the Migrant Day Care Center and Migrant School.

5. Keep migrant population spotted on county census tract map.

6. Coordinate sources of transportation which might be used for families needing such to a health facility or physician.

7. Make site visits with the Migrant Housing Inspector on a periodic basis.

8. Participate in generalized Public Health Nursing Department migrant responsibilities.

9. Be responsible to see that all adult females being referred for medical care have a pap smear as part of that visit.

General Public Health Nursing Department staff responsibilities:

1. During the migrant season, Migrant Health shall be a priority program.

2. Public Health Nursing hours shall include evenings:

   a. Visit migrant housing areas.
   b. Do health surveys in adults and children by interviewing and observation.
   c. Provide follow-up services to any families with illness or injuries.
   d. Become familiar with farmers employing migrant labor.

3. Compensatory time will be given for hours worked over and above usual working hours.

4. Provide a home visit within 24 hours after an approved physician's office visit and visit as often thereafter as required by the family situation.

5. Be prepared to participate in the operation of any clinic service which might be provided.

6. Encourage all migrant women to have a pap smear and other screen procedures as part of routine health teaching.

7. Confer with the Migrant Housing Inspector to identify approved housing.

8. Observe area for any new migrant families who may not have been recruited through usual channels and therefore unknown to this department.

9. Referring persons with continuing health problems to appropriate health service in the next area of employment or a home state.

10. Maintain appropriate and complete records using Community Health Nursing Manual, Volumn II, Section "Migrant Health", Exhibits 101 through 110.

11. Provide health education programs to migrant workers and families when indicated.

12. Use our extablished channels of communication with the Indian Health Service when applicable to migrant persons in Mesa County.

Day-Care Center Activities:

1. Migrant Program Nursing Coordinator shall visit the Day-Care Center daily, including holidays and weekends. When there is no other health personnel at the center. Duties shall include.

   a. Observing children for health problems which should be referred.
   b. Observing that treatment prescribed is being properly administered.
   c. Acting as consultant and educator to staff in charge of the center.

2. When the Migrant Council nurse is in attendance at the Day-Care Center, the Nursing Coordinator shall:

   a. Visit weekly;
      - learn of new children in the area.
      - assist her with referrals.
      - determine nursing follow-up needed to families of children
      - provide preventative services appropriate to the needs of the children.
   b. Shall work in a cooperative manner to meet total family needs.

Migrant School Services:

Objectives:

1. Provide basic school health services for 1969, District 51, Migrant School to:

   - Inform them of and demonstrate optimal health practices.
   - Provide early case-finding procedures.
   - Refer children with apparent health problems to appropriate sources of medical care.

2. Provide educational health programs in conjunction with the school curriculum.

3. Provide health resource materials to the teacher as requested.

4. Arrange for appropriate preventative health services.

5. Design a plan for school personnel to follow in handling first aid and medical emergencies.

Method For Meeting Objectives:

1. Schedule work planning sessions weekly with the teacher.

2. Prepare health histories on all children, contacting their parents in the evenings when appropriate.

3. Visit the school a minimum of twice per week and additionally at the request of the teacher.

4. Accompany the teacher and pupils on field trips when needed.

5. Provide appropriate screening programs for early case-finding.

6. Provide needed immunizations as a preventative measure.

7. Follow through on children referred for medical care.

Statistical Information:

Dailies:

1. Code 46 and home visit class shall appear under first service column.

2. Second service column shall be used as visit classification.

We can prepare our computer information locally and also have the proper data for the State statistics.

Clinic Services:

1. Those services normally rendered in organized clinic shall be coded as clinic; for example:

   - Administering immunizations or TB skin tests, etc., to two or more individuals in a place other than their local residence shall be considered a clinic.

2. A clinic summary sheet shall be prepared in the usual manner for such service and headed "Migrant Service".

In pursuing our program objectives, the following activities were carried out in the month of June.

I. Migrant Day-Care Center Activities:

A. Daily visits (June 4 through June 14) were conducted until the Colorado Migrant Council's Nurse was available.

1. Health Officer made the initial visit with the nurse for child health review.

2. By the third day of operation a very ill child was found with an initial diagnosis of streptoccocal infection later verified by throat culture. The following day 18 asymptomatic children were cultured as well as four VISTA workers. Of this group nine children and two VISTA workers were found to have positive cultures and were placed on a treatment program.

3. As of June 30, one child is still on medication and continues to have positive throat cultures.

B. Currently twice weekly visits are made to the center to coordinate activities with the Day-Care Center Nurse.

C. Saturday visits are made by this department to the Day-Care Center to provide health coverage in the absence of the Migrant Council Nurse.

D. The tuberculosis project nurse skin tested the five Day-Care Center employees -- one was found to be positive but no active disease was found on x-ray and one is being retested. This nurse is providing on-going consultation to the Center nurse for screening of children at the Center.

II. Migrant Summer School Health Program:

To date the number of school age migrant children has been small. In order to open the school, several local children of low-income families have been included.

A. Visits have been twice weekly since June 11. One visit for routine health matters and one for health education.

B. Classroom teaching has included personal hygiene and dental health with a follow-up field visit by students to the health department's dental clinic.

C. Current plans call for the incorporation of environmental health educational programs during July should the school remain open.

III. Home Visiting Program:

The goal for the month was to provide at least one visit to each migrant family while in Mesa County. This was achieved in the Fruita area through evening home visiting during June.

A. Initial home visits began with follow-up of families of children with positive throat cultures. Fourteen adult family members were cultured and two were found positive and placed on treatment.

B. Referrals were sent to the Indian Health Service with a duplicate to the Arizona State Health Department for two families who while under treatment for streptococcus returned to the reservation.

C. Two cases of veneral disease in adult single male migrants were treated at our department on the referral of a local physician.

IV. Other Nursing Service Activities:

A. Attended the monthly Mesa County Migrant Council meeting.

B. Contacted local physicians and dentists regarding our screening test referrals.

C. Attended conferences and site visits with the migrant housing inspector.

D. In-service discussions of health needs of migrant workers with the Public Health Nursing staff.

E. Participated in Delta Migrant Health Fair.

F. Kept migrant population spotted by stick-pins on county census tract map.

V. Summary and Projected Activities for July:

Due to weather conditions and mechanization in the beet and tomato industry, the Mesa County migrant population has been small to date. Both the school and day-care center are in limbo due to the small numbers of children. However, it is still projected that a large number of male laborers will arrive soon for the fruit crop.

Our revised plan (goal) is to place more emphasis on adult health since most children are receiving care through the Migrant Council programs.

Also, we strive to continue to make early contacts with families moving into Mesa County.

In pursuing our program objectives, the following activities were carried out in the month of July.

I. Migrant Day-Care Center (five visits)

A. Weekly visits for coordination purposes continue.

B. All of the children have had physical examinations through the Migrant Council program. The Migrant Council nurse has done the follow-up on any medical problems.

C. We still continue to follow two families with continued positive streptococcal infections.

II. Migrant Summer School: (nine visits)

A. Twice weekly visits continue - one for general health pruposes and the other for health education.

B. Health education programs for July have been jointly prepared by nursing and environmental health with such topics as air pollution, using petri dishes for growing bacteria from hands, etc.

III. Home Visiting Program: (20 visits)

A. Since home visits were made by the Migrant Council nurse to many homes, our concentration was related to individuals not receiving her visits.

B. Follow-up on one acute illness situation requiring hospitalization and surgery has been time consuming.

C. As the month of July closes work is proceeding with hospitalization at Colorado State Hospital in Pueblo for one migrant laborer housed in Mesa County jail.

IV. Problems:

A. Coordination with local general hospital seems to need more clarification as we are not being notified when out-patient or in-patient service is rendered.

B. Someone, presumably the Migrant Council mobil unit, has done vision and hearing screening and a plan for follow-up has been established by the group but we are not clear as to our responsibility. We do know the testing results for the entire state since the list seems to have been left by mistake.

V. Other Nursing Service Activities:

A. Attended the monthly Migrant Council meeting.

B. Contacted local physicians and dentists regarding referrals.

C. Dental care for children needing such has been proceeding well and as originally planned by the State Health Department Dental Hygienist.

We are now approaching our busy season with the fruit harvest. It seems that both the fruit crop and the entrance of labor are proceeding on schedule.

I. Migrant Day-Care Center (13 visits)

A. Weekly visits were made for coordination purposes until August 15 when the Migrant Council nurse terminated her employment.

B. Beginning August 15 this department began health supervision on a daily basis.

C. Keeping up with the Day-Care Center and assisting the VISTA worker with this program has been hectic because attendance at the Day-Care Center has more than doubled proceeding two months.

D. Also, from the physical examinations on new children came two hernias, two questionable heart murmurs and one ear problem. These will be referred to the reservation for follow-up due to shortness of family stay and lack of urgency for hospital care.

E. We continue to battle positive strep cultures in new families.

II. Migrant Summer School (7 visits)

A. School has terminated as of August 29 1969

B. Health education programs were continued as well as routine health visits.

C. Twelve children received tuberculin skin tests. Two from the same family had over 10 mm positives. They were x-rayed but left the area before family follow-up was complete. A referral was sent to Delta regarding this as well as to their home area.

III. Home Visiting Program (58 visits)

A. Home visiting program has tripled the previous month:
- Due to great increase of workers.
- Due to nature and type of physician office visits.

B. Our original goal was to make at least one personal contact with all migrant workers in the area. This month we have fallen short of that goal due to:

- Great numbers of physician office visits to follow-up.
- Great numbers of workers in the area.
- On-going visit needs of some workers who had identified medical problems.

C. In addition we have had a number of venereal disease suspects and cases to treat and follow up.

IV. Problems:

A. Again this year we are faced with a day-care center operating without a nurse at the peak of our season. This places added stress upon our program operation.

B. Physician reporting is slow which hampers rapidity of follow-up care Also, due to slow reporting, we have found some cases of doctor shopping and repeated appointments which perhaps could have been decreased with public health nurse support to the patient.

C. Provision for follow-up on physical findings in the child examined under the sponsorship of the Migrant Coun cil presents some problems.

V. Other Nursing Service Activities:

A. Attended the monthly Migrant Council meeting.

B. Coordinated the medical care program for acute illnesses and accidents.

C. Migrant school screening.

1. It appears that the screening was done prior to the peak of the migrant population.
2 Now that the school has closed, we received the hearing screening reports with three referrals but the families have either left or are no longer migrants.

The peach crop reached its peak as predicted and large numbers of persons have been involved with the harvest. Our contact with the laborers indicates that a small number intend to stay for pear and apple harvests.

I. Migrant Day-Care Center (18 visits):

A. Supervision of the Day-Care Center on a daily baisis has continued through the month of September.

B. While numbers of children have varied, there have been no gross problems at the Center.

II. Migrant school has been closed for the month.

III. Home Visit Program (20 visits):

A. There has been a steady departure of migrants from the county since the completion of the apple harvest.

B. At the beginning of September, we had a major problem with one migrant laborer who had managed to see two different physicians and obtaine different sedative and tranquillizing drugs.

IV. Other Nursing Service Activities:

A. Attended the state Migrant Meeting in Denver.

B. Attended local Migrant Council meeting.

C. Several conferences with physicians and pharmacy were necessary to straighten out the problems with the laborer and his drug problems.

GRANT NUMBER

MESA COUNTY

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	133	75	58	153
UNDER 1 YEAR	5	3	2	8
1 - 4 YEARS	36	17	19	43
5 - 14 YEARS	15	9	6	12
15 - 44 YEARS	55	28	67	61
45 - 64 YEARS	16	13	3	21
65 AND OLDER	6	5	1	8

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 0

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 133

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 3

No. of Hospital Days 36

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES-TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES							
SMALLPOX	Some migrant families received immunizations at the Migrant Health Fair - Count unknown						
DIPHTHERIA							
PERTUSSIS							
TETANUS							
POLIO							
TYPHOID							
MEASLES							
OTHER *(Specify)*							

REMARKS

Colorado Migrant Council provided physical examinations for all pre-school children in the day care center. Public Health Nurse followed up on any abnormal findings.

Dental report not available as this was handled directly between a local dentist coordinator and the State Health Department. All children at day care center had examinations.

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

ICD CLASS	MII CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
All.		TOTAL ALL CONDITIONS	146	122	24
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	7	4	3
	010	TUBERCULOSIS	0		
	011	SYPHILIS	0		
	012	GONORRHEA AND OTHER VENEREAL DISEASES	6	3	3
	013	INTESTINAL PARASITES	0		
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	1	1	
	015	All other	0		
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	0		
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	0		
	019	OTHER INFECTIVE DISEASES *(Give examples)*:	0		
II.	02-	NEOPLASMS: TOTAL	0		
	020	MALIGNANT NEOPLASMS *(give examples)*:			
	025	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	0		
	030	DISEASES OF THYROID GLAND			
	031	DIABETES MELLITUS			
	032	DISEASES of Other Endocrine Glands			
	033	NUTRITIONAL DEFICIENCY			
	034	OBESITY			
	039	OTHER CONDITIONS			
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	15	15	0
	040	IRON DEFICIENCY ANEMIA	15	15	0
	049	OTHER CONDITIONS			
V.	05-	MENTAL DISORDERS: TOTAL	1	1	0
	050	PSYCHOSES			
	051	NEUROSES and Personality Disorders			
	052	ALCOHOLISM			
	053	MENTAL RETARDATION			
	059	OTHER CONDITIONS			
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	4	4	0
	060	PERIPHERAL NEURITIS	1	1	0
	061	EPILEPSY	1	1	0
	062	CONJUNCTIVITIS and other Eye Infections	1	1	0
	063	REFRACTIVE ERRORS of Vision	0	0	0
	064	OTITIS MEDIA	2	2	0
	069	OTHER CONDITIONS	0	0	0

PART II - 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			2	2	0
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	0		
	070	RHEUMATIC FEVER	0		
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0		
	072	CEREBROVASCULAR DISEASE (Stroke)	2	2	0
	073	OTHER DISEASES of the Heart	0		
	074	HYPERTENSION	0		
	075	VARICOSE VEINS	0		
	079	OTHER CONDITIONS			
			77	75	2
..	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	28	28	0
	080	ACUTE NASOPHARYNGITIS (Common Cold)	20	20	0
	081	ACUTE PHARYNGITIS	2	2	0
	082	TONSILLITIS	2	2	0
	083	BRONCHITIS	0		
	084	TRACHEITIS/LARYNGITIS	0		
	085	INFLUENZA	0		
	086	PNEUMONIA	3	2	1
	087	ASTHMA, HAY FEVER	2	1	1
	088	CHRONIC LUNG DISEASE (Emphysema)	20	20	0
	089	OTHER CONDITIONS Strep Throat			
			9	7	2
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	3	2	1
	090	CARIES and Other Dental Problems	0		
	091	PEPTIC ULCER	0		
	092	APPENDICITIS	2	2	0
	093	HERNIA	1	1	0
	094	CHOLECYSTIC DISEASE	3	2	1 1
	099	OTHER CONDITIONS Nausea			
			20	6	14
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	13	5	8
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	7	1	6
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	0		
	102	OTHER DISEASES of Male Genital Organs	0		
	103	DISORDERS of Menstruation	0		
	104	MENOPAUSAL SYMPTOMS	0		
	105	OTHER DISEASES of Female Genital Organs	0		
	109	OTHER CONDITIONS			
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	2	1	1
			2	1	1
	110	INFECTIONS of Genitourinary Tract during Pregnancy	0		
	111	TOXEMIAS of Pregnancy	0		
	112	SPONTANEOUS ABORTION	0		
	113	REFERRED FOR DELIVERY	0		
	114	COMPLICATIONS of the Puerperium	0		
	119	OTHER CONDITIONS			
			13	13	0
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	0		
	120	SOFT TISSUE ABSCESS OR CELLULITIS	11	11	0
	121	IMPETIGO OR OTHER PYODERMA	0		
	122	SEBORRHEIC DERMATITIS	2	2	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	0		
	124	ACNE	0		
	129	OTHER CONDITIONS			

PART II - 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	2	2	0
	130	RHEUMATOID ARTHRITIS	0		
	131	OSTEOARTHRITIS	0		
	132	ARTHRITIS, Unspecified	2	2	
	139	OTHER CONDITIONS	0		
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	1	1	0
	140	CONGENITAL ANOMALIES of Circulatory System	0		
	149	OTHER CONDITIONS	1	1	0
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	0		
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	3	3	0
	160	SYMPTOMS OF SENILITY	0		
	161	BACKACHE	1	1	0
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	2	2	0
	163	HEADACHE	0		
	169	OTHER CONDITIONS	0		
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	10	8	2
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	3	2	1
	171	BURNS	1	1	
	172	FRACTURES	3	2	1
	173	SPRAINS, STRAINS, DISLOCATIONS	1	1	0
	174	POISON INGESTION	0		
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	2	2	0

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	168
	200	FAMILY PLANNING SERVICES	2
	201	WELL CHILD CARE	0
	202	PRENATAL CARE	3
	203	POSTPARTUM CARE	0
	204	TUBERCULOSIS: Follow-up of inactive case	0
	205	MEDICAL AND SURGICAL AFTERCARE	0
	206	GENERAL PHYSICAL EXAMINATION	29
	207	PAPANICOLAOU SMEARS	0
	208	TUBERCULIN TESTING	20
	209	SEROLOGY SCREENING	0
	210	VISION SCREENING	0
	211	AUDITORY SCREENING	0
	212	SCREENING CHEST X-RAYS	2
	213	GENERAL HEALTH COUNSELLING	0
	219	OTHER SERVICES Throat Cultures	112
		(Specify)	

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	0
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	0
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	128
b. TOTAL HOUSEHOLDS SERVED	60
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	0
d. VISITS TO SCHOOLS, DAY CARE CENTERS	75
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	0
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	0
(1) Within Area	92
(Total Completed)	87
(2) Out of Area	4
(Total Completed)	
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	0
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	0
(Total Completed)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	57
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	2
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	0
(1) Number presenting health record.	
(2) Number given health record.	
4. OTHER ACTIVITIES *(Specify)*:	
Attended the monthly Colorado Migrant Council meetings and gave monthly reports. Coordinated activities with physician's offices and Colorado Migrant Council employees. Coordinated activities with migrant housing inspectors, made joint visits with him to growers to explain medical program.	

REMARKS

Several children in the Day-Care Center had positive streptococcal cultures. All of the adults in their families were cultured and all positivies placed under treatment.

1969 MIGRANT SEASON IN THE SAN LUIS VALLEY

The migrant season in the San Luis Valley began with lettuce, cabbage, turnips, spinach and radishes. This season commences the middle of May and peaked around the fourth of July. The greatest concentration of migrants occurred in the Blanca - Fort Garland area and the Center area. Professional crews of lettuce workers were employed in both Blanca - Fort Garland and Center, Colorado. Migrants were Mexican and Phillipino in nationality.

Two migrant head start centers were set up during June, July, and August by the Colorado Migrant Council. One center was located at Center, Colorado. The other center was placed in the Sierra Grande School in Costilla County. Colorado Migrant Council employed a nurse, Sherry Carpenter , during this time. She was responsible for the health of the migrant children in the schools. Referrals were made between the Migrant Council Nurse and the Migrant Health Program Nurse. Generally she saw just children in the schools while I did the home visiting.

Two evening migrant clinics were begun in Monte Vista, Colorado, Monday and Thursday, staffed by one doctor, the Migrant Council Nurse, an interpreter from the Colorado Migrant Council and the Migrant Health Program Nurse. Attendance at these clinics varied from no one to 15 patients during these summer months. Mid-July another evening migrant clinic was begun at the Sangre de Cristo Medical Unit in Costilla County. This facility, staffed at night by the regular day time staff, saw on the average of 10 migrant families per clinic night.

Referrals for sick migrants came from several sources, principally from the Migrant Program Sanitarian, Colorado Migrant Council Nurse, the day-care centers, and from other migrants. I was able to see about six families at the homes and one of the two day-care centers each day. Evening visits were necessary to see the husbands and other field workers.

For the most part, medical care was obtained through existing health facilities in the valley; evening clinics for those patients in Rio Grande and Saguache Counties; the Sangre de Cristo Health Unit for Costilla and Conejos Counties; the day time maternal child health "Lariet" clinic in Monte Vista; and several local doctors in Alamosa County. Most dentists in the valley were willing to see migrants if they could be assured that their patients would keep their appointments. Eye problems requiring attention were sent to Pueblo, Colorado, residence of the nearest ophthomologist.

Physicals conducted by the local doctors were done with every migrant head start child. Urine was tested by the head start teachers. The Monte Vista Hospital tested blood samples.

There were several medical problems that arose which could not be handled through local agencies. Several children were referred to the state Crippled

Children's Program in Denver for diagnosis and treatment. There are numerous drawbacks to this. The cost of transportation to and from Denver is excessively expensive. Local welfare departments are reluctant to help defray this cost. Another drawback is the time element. Migrants are in this valley for a very limited time. The referral-appointment making process sometimes take more time than that time for which the patient is in the valley. Encouragement from this nurse does not speed up the process at the state level. One referral was made to vocational rehabilitation in Alamosa County but the patient moved before vocational rehabilitation could interview the patient. A referral was sent to Las Vegas, New Mexico, the patient's home base with interesting results; a representative from H.E.L.P. came to see me in response to the referral and outlined his tentative plans for rehabilitation of this patient as well as gathered information concerning the nature of his infirmity. One child was sent to Colorado General Hospital in Denver for treatment of meningitis. He remained in Denver for approximately one month.

Social or welfare problems were usually referred to the Colorado Migrant Council. They provided money for emergency food samples, food, and clothing. They also made referrals to the local welfare departments for food stamps. When approached concerning extra money for special shoes, crutches, money for transportation or for non-prescription drugs, they usually found the money to provide for these things. I very much enjoyed working with the Colorado Migrant Council contact workers, teachers, and nurse. They were most cooperative when consulted about transportation to appointments for patients. Also, they provided many referrals and assisted in finding homes.

All migrant schools closed about September 1, 1969, in preparation for new facilities for the potato harvest. The harvest began the middle of September and lasted until snows occurred the second weekend in October. Both Navajo and Mexican people were employed for this harvest. Potato harvesting activity occurred in the Del Norte, Capuline, Stanley, and Monte Vista areas.

Five day-care centers were opened for operation potato; Carmel in Alamosa County; Stanley in Alamosa County; two centers in Center, Colorado; and two centers in Monte Vista, Colorado and Seven-mile Plaza between Del Norte and Monte Vista. All of these centers were overcrowded.

There was no nurse hired for this season by the Colorado Migrant Council. The last week in September an L.P.N. from Denver, Sister Mary, came down to the valley and offered her services. She was put to work immediately in the two day-care centers in Center, Colorado. I attempted to cover the other three centers, home visits, and clinic visit follow-up.

I have never seen such an influx of sick people into an area in my life. The only care I could give was crisis care. There was no time for teaching or health counseling. We saw in the evening clinics in Monte Vista an average of 25 people per night and hospitalized about one clinic patient per week. On the average of one patient not seen in the clinic was also hospitalized per week. Sister Mary helped staff this clinic as well as an interpreter from the Colorado Migrant Council. To say that clinic was hectic is an understatement.

In addition, three doctors in the valley were seeing an average of six migrants per day during regular office hours, and the "Lariet" clinic saw about 30 migrant children per week.

During this time, the V.I.S.T.A.'s in Center, Monte Vista, and Alamosa were most helpful in case-finding and providing transportation to and from clinics and private doctor's appointments. They also did basic follow-up concerning diet, medicine, and checking on minor wounds, etc., as well as delousing.

In addition to agencies referred to during the summer months, two referrals were made to the New Child Research Unit in Alamosa County. Both referrals were made for purposes of determining mental age, growth and development levels, and treatment potential. Both children were suspected of being mentally retarded and one also mentally disturbed.

Physicals were again conducted on the migrant children this time by physicians from Colorado University Medical School. Auditory screening was done by Adams State College in Alamosa.

The second weekend in October we had snow and below freezing weather. Most migrants were not able to work. They went home the next week, so follow-up on the sick families was minimal. Many out-of-state referrals have been made, and we hope they will be attended to by the public health departments and Bureau of Indian Health in the home-base towns.

During the month of potato harvest, diarrhea, dehydration, flu, pneumonia, and starvation were the immediate prevalent problems. One baby was hospitalized twice within the same month for 20 percent dehydration. His family lived in a sheep shed. One five-month old was treated for kwashiorkor. My priorities during this season consisted of just keeping people alive. I had no time to emphasize or even consider prevention.

Nursing service at this time was far from adequate. At least three extra nurses should have been employed. The Migrant Council Nurse and I were able to give basic public health service this summer. An influx of 5,000 people with questionable baseline "health" in the fall could not be serviced by half the nursing power. In addition the local head start teachers were not adequately trained to deal with health problems they faced this fall.

In treatment of health problems time was an element not to be ignored. Very frequently health care had to be compromised to accommodate the time that the migrant spent in the valley.

There were people in the valley upon whom I depended very heavily; first and foremost were the two state health department people with whom I shared an office. They gave me an orientation to the valley, its political makeup, geographical layout and the migrant situation here. They also boosted my very often lagging moral. The V.I.S.T.A., several head start teachers, and in the summer, the Colorado Migrant Council nurse were also a great help to me. This job would have been unbearably depressing without their support. The San Luis Valley houses a high percentage of quietly dedicated people.

This five-month experience in migrant "health" was an enlightening parody on this sleepy affluent society.

GRANT NUMBER

SAN LUIS VALLEY

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	542	303	239	674
UNDER 1 YEAR	15	9	6	20
1 - 4 YEARS	62	28	34	75
5 - 14 YEARS	94	45	49	154
15 - 44 YEARS	326	185	141	367
45 - 64 YEARS	43	35	8	53
65 AND OLDER	2	1	1	5

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 143

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 361

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 27

No. of Hospital Days 172

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES - TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS. REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	173	--	92	60	21	78	87
SMALLPOX	0	--	--	--	--	--	--
DIPHTHERIA	45	--	24	14	7	26	19
PERTUSSIS	45	--	24	14	7	26	19
TETANUS	45	--	24	14	7	26	19
POLIO	38	--	20	18	--	8	30
TYPHOID	0	--	--	--	--	--	--
MEASLES	0	--	--	--	--	--	--
OTHER *(Specify)*							

REMARKS

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

CHARTS PROVIDED BY

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
		TOTAL ALL CONDITIONS	521	421	100
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	110	83	27
	010	TUBERCULOSIS	2	1	1
	011	SYPHILIS	0	0	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES	2	2	0
	013	INTESTINAL PARASITES	0	0	0
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 3 year of age	4	3	1
	015	All other	102	97	25
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	0		
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	0		
	019	OTHER INFECTIVE DISEASES (*Give examples*):	0		
II.	02-	NEOPLASMS: TOTAL	1	1	0
	020	MALIGNANT NEOPLASMS (*give examples*):			
			1	1	0
	025	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	18	13	5
	030	DISEASES OF THYROID GLAND	0	0	0
	031	DIABETES MELLITUS	9	5	4
	032	DISEASES of Other Endocrine Glands	2	1	1
	033	NUTRITIONAL DEFICIENCY	4	4	0
	034	OBESITY	3	3	0
	039	OTHER CONDITIONS	0	0	0
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	4	4	0
	040	IRON DEFICIENCY ANEMIA	4	4	0
	049	OTHER CONDITIONS	0	0	0
V.	05-	MENTAL DISORDERS: TOTAL	18	15	3
	050	PSYCHOSES	0	0	0
	051	NEUROSES and Personality Disorders	8	8	0
	052	ALCOHOLISM	0	0	0
	053	MENTAL RETARDATION	0	0	0
	059	OTHER CONDITIONS Anxiety	10	7	3
VI.	06	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	47	47	0
	060	PERIPHERAL NEURITIS	1	1	0
	061	EPILEPSY	0	0	0
	062	CONJUNCTIVITIS and other Eye Infections	6	6	0
	063	REFRACTIVE ERRORS of Vision	12	12	0
	064	OTITIS MEDIA	28	28	0
	069	OTHER CONDITIONS	0	0	0

TABLE - 5 *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	GRAND NUMBER TOTAL VISITS	FIRST VISITS	REVISITS
			13	8	5
VII	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	5	3	2
	070	RHEUMATIC FEVER	2	1	1
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0	0	0
	072	CEREBROVASCULAR DISEASE (Stroke)	0	0	0
	073	OTHER DISEASES of the Heart	6	4	2
	074	HYPERTENSION	0	0	0
	075	VARICOSE VEINS	0	0	0
	079	OTHER CONDITIONS			
			148	125	23
VIII	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	33	25	8
	080	ACUTE NASOPHARYNGITIS (Common Cold)	10	10	0
	081	ACUTE PHARYNGITIS	22	11	5
	082	TONSILLITIS	0	0	0
	083	BRONCHITIS	0	0	0
	084	TRACHEITIS/LARYNGITIS	0	0	0
	085	INFLUENZA	7	4	3
	086	PNEUMONIA	4	4	0
	087	ASTHMA, HAY FEVER	0	0	0
	088	CHRONIC LUNG DISEASE (Emphysema)	72	65	7
	089	OTHER CONDITIONS Strept			
			9	9	0
IX	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	0	0	0
	090	CARIES and Other Dental Problems	9	9	0
	091	PEPTIC ULCER	0	0	0
	092	APPENDICITIS	0	0	0
	093	HERNIA	0	0	0
	094	CHOLECYSTIC DISEASE	0	0	0
	099	OTHER CONDITIONS			
			38	23	15
X	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	36	21	15
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	0	0	0
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	2	2	0
	102	OTHER DISEASES of Male Genital Organs	0	0	0
	103	DISORDERS of Menstruation	0	0	0
	104	MENOPAUSAL SYMPTOMS	0	0	0
	105	OTHER DISEASES of Female Genital Organs	0	0	0
	109	OTHER CONDITIONS			
XI	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	2	1	1
	110	INFECTIONS of Genitourinary Tract during Pregnancy	0	0	0
	111	TOXEMIAS of Pregnancy	0	0	0
	112	SPONTANEOUS ABORTION	0	0	0
	113	REFERRED FOR DELIVERY	0	0	0
	114	COMPLICATIONS of the Puerperium	2	1	1
	119	OTHER CONDITIONS	0	0	0
XII	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	61	48	13
	120	SOFT TISSUE ABSCESS OR CELLULITIS	6	3	3
	121	IMPETIGO OR OTHER PYODERMA	43	36	7
	122	SEBORRHEIC DERMATITIS	4	4	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	8	5	3
	124	ACNE	0	0	0
	129	OTHER CONDITIONS	0	0	0

PART II - 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	14	9	5
	130	RHEUMATOID ARTHRITIS	4	2	2
	131	OSTEOARTHRITIS	9	6	3
	132	ARTHRITIS, Unspecified	1	1	0
	139	OTHER CONDITIONS	0	0	0
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	0	0	0
	140	CONGENITAL ANOMALIES of Circulatory System			
	149	OTHER CONDITIONS			
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	0	0	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	7	4	3
	160	SYMPTOMS OF SENILITY	0	0	0
	161	BACKACHE	7	4	3
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0	0	0
	163	HEADACHE	0	0	0
	169	OTHER CONDITIONS	0	0	0
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	31	31	0
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	9	9	0
	171	BURNS	0	0	0
	172	FRACTURES	0	0	0
	173	SPRAINS, STRAINS, DISLOCATIONS	9	9	0
	174	POISON INGESTION	0	0	0
	179	OTHER CONDITIONS due in Accidents, Poisoning, or Violence	13	13	0

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	1587
	200	FAMILY PLANNING SERVICES	4
	201	WELL CHILD CARE	294
	202	PRENATAL CARE	17
	203	POSTPARTUM CARE	6
	204	TUBERCULOSIS Follow-up of inactive case	7
	205	MEDICAL AND SURGICAL AFTERCARE	0
	206	GENERAL PHYSICAL EXAMINATION	75
	207	PAPANICOLAOU SMEARS	7
	208	TUBERCULIN TESTING	276
	209	SEROLOGY SCREENING	266
	210	VISION SCREENING	315
	211	AUDITORY SCREENING	315
	212	SCREENING CHEST X-RAYS	0
	213	GENERAL HEALTH COUNSELLING	5
	219	OTHER SERVICES (Specify)	0

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	46
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	143
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	445
b. TOTAL HOUSEHOLDS SERVED	98
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	278
d. VISITS TO SCHOOLS, DAY CARE CENTERS	52
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	266
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	115
(1) Within Area	115
(Total Completed)	115
(2) Out of Area	12
(Total Completed)	?
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	0
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	none
(Total Completed)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	1
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	12
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	143
(1) Number presenting health record.	17
(2) Number given health record	34
4. OTHER ACTIVITIES *(Specify)*:	

Training session with VISTA's
Training session with teacher corps.
Talked with hospital administrators
Numerous conferences with Colorado Migrant Council Administrators
Conference with Mr. Smith - Potato Growers Association
Conference with Mr. Galleger - Freshpict Corporation
Conference with Mr. T. Smith and Mr. Davis - growers
Two training sessions with Colorado Migrant Council Head Start Teachers

REMARKS

1969 MIGRANT HEALTH PROGRAM IN THE ARKANSAS VALLEY

The main objectives of the Migrant Program this year were:

A. To be able to discover the needs of the people through home visits, school visits and clinic contacts.

B. To be known and accepted by the people in such a way that they would be receptive and feel free to be expressive concerning their needs.

C. To help them understand the meaning of preventative care and how they can avoid some of the health problems frequently found in migrant families.

D. To encourage family planning.

E. To inform the community of the Migrant Health Program (physicians, hospitals, growers, etc.) and solicit their cooperation in making a more effective program.

F. To set up evening Family Medical Clinics to provide better health care for migrant families.

This year a written agreement was made, between Migrant Health Nurse Consultant of the Colorado Department of Health and the nurse responsible for health services of the Colorado Migrant Council, which placed the Migrant Council Nurse in this area under my supervision. We worked together on clinics; then in order to avoid duplicating home visits, we each made our home visits in a different area. The Migrant Council Nurse spent a week with me in order to become orientated to migrants and the migrant program.

I kept in close contact with her in order to give direction and suggestions when problems arose. The arrangement seemed to work very effectively and certainly made it possible to give better coverage to the entire area in health matters.

I felt there was much better cooperation from the local health department (Otero County) this year. It seemed some of the resentment was replaced by concern and interest.

At the beginning of the season, I made a special effort to inform local physicians and hospitals of some of the facts about the Migrant Health Program. There was a notable difference in the attitude of physicians toward caring for migrants. One physician who last year was very hesitant about accepting migrant patients was especially cooperative this year. His office nurse frequently called me to request that I follow-up with a home visit to someone seen in his office.

I was able to locate the families through schools and referrals from local health departments, physicians' offices and growers.

When I encountered conditions which did not require immediate medical attention those people were referred to clinic. Conditions requiring immediate care were referred to physician's offices or emergency rooms. People who had been to the area previously and preferred a specific physician were encouraged to return to him.

On one occasion I suggested that a family take their son to the emergency room as he was quite congested and had a temperature elevated of 103°R. The father was not home and it was quite late in the evening. As I suspected, they did not arrive at the emergency room so after talking with Dr. Martin, he made a house call with me to evaluate and treat the child.

We were able to have Family Medical Clinics one night per week in Rocky Ford and Lamar. We publicized for the clinic through local radio stations, newspapers, migrant schools, school contact workers and personal contacts.

The clinic in Rocky Ford was held on Thursday night in Dr. T. E. Martin's office on a fee-for-service basis. There the patients received good care though their wait was usually long if it was a large clinic night. Doctor Martin frequently gave starter doses from his supply of sample medicines which eliminated the long wait at the pharmacy for the migrants.

In Lamar, the clinic was set up in three empty rooms in the basement of the local hospital. The decision for this was made by those doctors who were going to staff the clinic. We stocked the clinic with the minimum necessities and requested suggestions from physicians. We stocked no medications other than immunizations.

The physicians were paid per hour for their coverage of this clinic. Two local general practitioners and a pediatrician supplied the coverage.

A local pharmacist cooperated by opening on an "on call" basis to fill prescriptions for clinic patients at night.

There were times when adult patients who came to clinic received poor treatment. Their examinations consisted of sitting opposite the doctor discussing symptoms with him after which he wrote a prescription and sometimes advised the patient.

Attendance at clinics was good in both areas. People responded by coming when referred, often brought a neighbor or another family member and frequently returned again for a new problem.

Frequently, the clinics would last quite late, then there was the wait for filling of prescriptions. The clinic in Prowers County was held in Lamar which made an 18-25 mile drive for those attending. It does make a long day for those who must rise early and go to the fields the next day.

Many referrals were made to offices or clinic through Title I Migrant Schools and Day-Care Centers. School personnel were usually cooperative in notifying me or the public health nurse if a child needed medical care.

There were some problems with teacher aides at the Day-Care Centers as they have so little experience and training for the responsibility they are expected to assume. In one instance, a child was teken to a physician for diarrhea from the center. Neither I nor the parents were notified, the medicine was left at the Center over the weekend and the parents made another visit to the physician.

Instructions would be given for a child to be placed on certain foods and several days later aides would still be feeding every child the same foods.

It seems this might indicate a need for better initial and more continuous training of these people, perhaps in cooperation with local health departments.

We were able to refer to Colorado General Hospital several patients who either needed extensive hospitalization or the care of a specialist.

"D.C." an eight-year old, came to us in May from Texas. In January of 1969, he sustained burns of the lower right leg - a large ares of these burns were third degree. He was treated from January to May with vaseline dressings in Texas. Upon arrival in Swink, Colorado in May, the parents took "D" to a physician in Rocky Ford. "D" not only had problems because of the burns but had been walking with crutches and had contractures of the right knee. We were able to get "D" into the Crippled Children's Program. He was hospitalized at Children's Hospital for nearly a month for grafting procedures.

It was surely good to see "D" able to walk and run like an eight year old should. I am sure he and his family felt this even more than I.

Mr. G. - age 63- came to our clinic with numerous medical and surgical problems - hypertension, prostate problem, bilateral inguinal hernias and an old injury to the left knee causing it to be stiff. We began by taking him to Colorado General Hospital in order to stabilize some of his medical problems. Later, he had surgery to repair the hernias.

It is a problem still to get people to and from Colorado General Hospital but this year by working with the social worker there we were able to use the bus as means of transportation.

The Welfare Departments in Prowers and Otero Counties were helpful this year. During July work was quite scarce, so frequently people were referred to them for food stamps. In Prowers County, welfare people went to the camp on Sunday to make food stamps available to the people.

In 1968, I sent a referral to Texas concerning Mary Camacho, a four-year old deaf-mute. I was happy to find that a complete workup was done on the child in Galveston (we wrote there for information). The parents seemed discouraged

and wanted something done here this year. However, after discussing this with the physician, we felt it would be better to encourage the parents to keep their next appointment in Galveston in December since the evaluation had already been started there.

I attempted to spend quite a lot of time with families who I felt needed suggestions for better nutrition. Most mothers were quite receptive particularly when good nutrition was directed toward better health for their children and maybe weight loss for them.

With two evening clinics a week this year and the follow-up visits required for those people, I found it difficult to visit as many homes as I wanted. The days would become 12 and 14 hours long and still there were things I did not do. For this reason, I feel it would be extremely beneficial for the migrant nurse to have the assistance of an aide. With proper training and guidance, there are many responsibilities which could be given aides.

On several occasions, I found that mothers were not giving prescription drugs as directed or that they would give one or two doses, then stop. It takes frequent follow-up visits to be certain directions are followed for taking medicines. This is something an aide could do.

Now the migratory farm laborers have gone, leaving us to evaluate and plan for next year. I think we were able to reach more migrants this year through evening clinics and through better relationships with other agencies. I suspect that even the community is beginning to "see" the migrant and his problems.

ARKANSAS VALLEY

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

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AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	366	170	196	532
UNDER 1 YEAR	32	19	13	42
1 - 4 YEARS	163	85	78	172
5 - 14 YEARS	53	29	24	82
15 - 44 YEARS	94	27	67	183
45 - 64 YEARS	24	10	14	43
65 AND OLDER	0	0	0	0

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 150

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 166

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients (exclude newborn) 14

No. of Hospital Days 61

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES-TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					INCOMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	15	8	5	2	-	3	11
SMALLPOX	0	0	0	0	0	0	0
DIPHTHERIA	14	7	5	2	-	5	4
PERTUSSIS	14	7	5	2	-	5	3
TETANUS	14	7	5	2	-	5	4
POLIO	14	7	5	2	-	8	-
TYPHOID	0	0	0	0	0	0	0
MEASLES	1	1	0	0	0	0	0
OTHER (Specify)							

REMARKS

CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
...ll.		TOTAL ALL CONDITIONS	355	256	99
	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	38	28	10
	010	TUBERCULOSIS	0	0	0
	011	SYPHILIS	3	1	2
	012	GONORRHEA AND OTHER VENEREAL DISEASES	2	1	1
	013	INTESTINAL PARASITES	2	2	0
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	8	4	4
	015	All other	15	13	2
	016	"CHILDHOOD DISEASES" – mumps, measles, chickenpox	1	1	0
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	3	3	0
	019	OTHER INFECTIVE DISEASES (Give examples):			
		Lymph Node	2	1	1
		Strep Throat	2	2	0
	02-	NEOPLASMS: TOTAL	5	1	4
	020	MALIGNANT NEOPLASMS (give examples):			
		Ca of Pancreas	5	1	4
	025	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	23	11	12
	030	DISEASES OF THYROID GLAND	2	2	0
	031	DIABETES MELLITUS	16	5	11
	032	DISEASES of Other Endocrine Glands	0	0	0
	033	NUTRITIONAL DEFICIENCY	0	0	0
	034	OBESITY	5	4	1
	039	OTHER CONDITIONS	0	0	0
	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	5	4	1
	040	IRON DEFICIENCY ANEMIA	5	4	1
	049	OTHER CONDITIONS	0	0	0
	05-	MENTAL DISORDERS: TOTAL	10	6	4
	050	PSYCHOSES	0	0	0
	051	NEUROSES and Personality Disorders	5	3	2
	052	ALCOHOLISM	0	0	0
	053	MENTAL RETARDATION	5	3	0
	059	OTHER CONDITIONS	0	0	0
	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL	61	42	19
	060	PERIPHERAL NEURITIS	2	1	1
	061	EPILEPSY	0	0	0
	062	CONJUNCTIVITIS and other Eye Infections	8	8	0
	063	REFRACTIVE ERRORS of Vision	1	1	0
	064	OTITIS MEDIA	46	28	18
	069	OTHER CONDITIONS	4	4	0

PART II – 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			11	7	4
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	0	0	0
	070	RHEUMATIC FEVER	0	0	0
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0	0	0
	072	CEREBROVASCULAR DISEASE (Stroke)	2	2	0
	073	OTHER DISEASES of the Heart	5	3	2
	074	HYPERTENSION	4	2	2
	075	VARICOSE VEINS			
	079	OTHER CONDITIONS	72	63	9
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	7	6	1
	080	ACUTE NASOPHARYNGITIS (Common Cold)	3	3	0
	081	ACUTE PHARYNGITIS	20	19	1
	082	TONSILLITIS	15	11	4
	083	BRONCHITIS	0	0	0
	084	TRACHEITIS/LARYNGITIS	13	13	0
	085	INFLUENZA	5	4	1
	086	PNEUMONIA	4	3	1
	087	ASTHMA, HAY FEVER	5	4	1
	088	CHRONIC LUNG DISEASE (Emphysema)			
	089	OTHER CONDITIONS	10	9	1
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	0	0	0
	090	CARIES and Other Dental Problems	0	0	0
	091	PEPTIC ULCER	3	2	1
	092	APPENDICITIS	1	1	1
	093	HERNIA	6	6	0
	094	CHOLECYSTIC DISEASE			
	099	OTHER CONDITIONS	7	7	0
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	5	5	0
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	0	0	0
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	0	0	0
	102	OTHER DISEASES of Male Genital Organs	0	0	0
	103	DISORDERS of Menstruation	0	0	0
	104	MENOPAUSAL SYMPTOMS	2	2	0
	105	OTHER DISEASES of Female Genital Organs	0	0	0
	109	OTHER CONDITIONS			
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	3	3	0
	110	INFECTIONS of Genitourinary Tract during Pregnancy	1	1	0
	111	TOXEMIAS of Pregnancy	1	1	0
	112	SPONTANEOUS ABORTION	0	0	0
	113	REFERRED FOR DELIVERY	00	0	0
	114	COMPLICATIONS of the Puerpetium	1	1	0
	119	OTHER CONDITIONS	0	0	0
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	24	18	6
	120	SOFT TISSUE ABSCESS OR CELLULITIS	1	1	0
	121	IMPETIGO OR OTHER PYODERMA	5	5	0
	122	SEBORRHEIC DERMATITIS	0	0	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	1	1	0
	124	ACNE	4	2	2
	129	OTHER CONDITIONS	12	8	4

PART II - 5. *(Continued)*

ICD CLASS	IHI CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	12	7	5
	130	RHEUMATOID ARTHRITIS	0	0	0
	131	OSTEOARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	12	7	5
	139	OTHER CONDITIONS	0	0	0
XIV.	14-	CONGENITAL ANOMALIES TOTAL	7	4	3
	140	CONGENITAL ANOMALIES of Circulatory System	5	2	3
	149	OTHER CONDITIONS	2	2	0
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	0	0	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	12	11	1
	160	SYMPTOMS OF SENILITY	0	0	0
	161	BACKACHE	0	0	0
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	2	2	0
	163	HEADACHE	2	2	0
	169	OTHER CONDITIONS	8	7	1
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	55	35	20
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	22	17	5
	171	BURNS	11	2	9
	172	FRACTURES	9	4	5
	173	SPRAINS, STRAINS, DISLOCATIONS	12	11	1
	174	POISON INGESTION	0	0	0
	179	OTHER CONDITIONS due to Accidents, Poisoning or Violence	1	1	0

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	161
	200	FAMILY PLANNING SERVICES	11
	201	WELL CHILD CARE	2
	202	PRENATAL CARE	18
	203	POSTPARTUM CARE	6
	204	TUBERCULOSIS: Follow-up of inactive case	2
	205	MEDICAL AND SURGICAL AFTERCARE	3
	206	GENERAL PHYSICAL EXAMINATION	73
	207	PAPANICOLAOU SMEARS	18
	208	TUBERCULIN TESTING	0
	209	SEROLOGY SCREENING	0
	210	VISION SCREENING	1
	211	AUDITORY SCREENING	25
	212	SCREENING CHEST X-RAYS	0
	213	GENERAL HEALTH COUNSELLING	0
	219	OTHER SERVICES Removal of crumen from ear	2
		(Specify)	

GRANT NO.

PART III - NURSING SERVICE

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	0
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	0
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	364
b. TOTAL HOUSEHOLDS SERVED	104
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	0
d. VISITS TO SCHOOLS DAY CARE CENTERS	115
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	183
3. CONTINUITY OF CARE	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	287
(1) Within Area	282
(Total Completed)	276
(2) Out of Area	5
(Total Completed)	3
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	0
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	1
(Total Completed)	1
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS OFFICES (Fee-For-Service)	16
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	8
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	185
(1) Number presenting health record.	65
(2) Number given health record	94
4. OTHER ACTIVITIES (Specify):	
Adult group work - classes, films, etc.	
Food demonstrations in homes.	
Classes in school.	

REMARKS

1969 MIGRANT HEALTH PROGRAM - TRI-COUNTY HEALTH DEPARTMENT

The 1969 Migrant Health Program at the Tri-County District Health Department in Brighton formally began July 1, 1969. However, migrant farm workers were coming into the clinics and being referred to private medical doctors and Colorado General Hospital beginning April 1, 1969. The migrant Public Health Nurse, Mrs. Linda Peters, began working with the program June 19, 1969, and continued with the program for the season. Staffing for the migrant clinics varied with the need.

Objectives:

The long-range and immediate objectives of the program are as follows:

A. To interpret to the community the public health nursing program as it relates to the migrant worker.

B. To seek a common framework of communications within the health team and between related disciplines as a means of coordinating nursing services with other services in providing patient and family care.

C. To establish rapport with the migrant and those who are associated with him, such as growers, crew bosses, etc.

D. To identify and meet the migrants' needs by:

1. Helping him to identify his own individual needs in a family health clinic setting.
2. Helping him recognize and seek help in establishing a healthful environment.
3. Helping him to plan for and seek proper care for health problems.
4. Providing health education on a formal or informal basis.
5. Recognizing cultural factors that influence his actions and decisions.

Long-Range Objectives:

A. To provide health services and care for the migrant and his family while residing in this community.

B. To encourage community awareness and involvement in providing health care for the migrant and his family.

C. To coordinate, communicate and cooperate with other community and county agencies in providing health services for the migrant and his family.

D. To utilize all channels of community communication to create an awareness of availability of health services.

The evening clinic staff consisted of two physicians, one supervisor, three public health nurses, one R.N. clinic nurse, one clerk-typist, two home health

aides, a dental hygienist and several volunteers. All of the employees were paid by Tri-County District Health Department with the exception of the physicians, the dental hygienist, one public health nurse from Weld County and one of the home health aides. These individuals were paid by the State Health Department. In addition to our regular evening staff, the Tri-County District Health Department Pap Smear bus sponsored by the Cancer Project held a clinic one evening a week in our parking lot or directly in the clinic if space was available.

Funding for all medical services rendered was through the State Migrant Program. These services included physicians fees, dental fees, medications, laboratory and other diagnostic procedures, clinic and private medical doctor referrals, etc. The state program provided 55 percent coverage for hospitalization outside a 100-mile radius of Colorado General Hospital or on an emergency basis. We did not take advantage of this program due to our location, 20 miles north of Colorado General Hospital and the uncooperativeness of Brighton Community Hospital.

Adams County and Weld County worked quite closely this migrant season. We had evening clinics Tuesday and Thursday evening in which the migrant nurse from Fort Lupton worked with the public health nurse from Brighton. On Wednesday evenings, Fort Lupton held a clinic in which the migrants could receive medical attention or continuity of care from Tuesday, if the need arose. Both public health nurses made home visits in Adams and Weld Counties, as the needs warranted. The county line was eliminated for all intensive purposes. Tri-County District Health Department also worked very closely with the Migrant Ministerial Council sponsored by the Colorado Council of Churches. Rev. Keith Merriman, Pastor of the First Methodist Church in Brighton, did the initial planning. Two college students did much of the field work and recruitment this past season. They also provided transportation in both Adams and Weld Counties.

Good working relationships were also developed with the Colorado Migrant Council, the Migrants in Action, and the Catholic Sisters in Fort Lupton. The Colorado Migrant Council provided our clinic with various medications and multivitamins. The field nurse for the Colorado Migrant Council volunteered for the evening clinics as a translator. The Migrants in Action provided transportation to clinics and to Colorado General Hospital. The Sisters also provided transportation, in addition to teaching adult classes and helping families with food, clothing, etc. The Tri-County District Health Department Ecologist evaluated many of the migrant homes according to the evaluation form found at the back of this report. The results of his findings are also included.

Nursing services were provided much the same as services to any Children and Youth or Maternal and Infant family seen at the Tri-County District Health Department. Evening clinics were held two evenings weekly. During these evening clinics patients were provided with dental as well as medical services. The patients living in Adams County were given C & Y cards and payment was from this source rather than the Migrant Health Program. The Weld County

patients were covered under the Migrant Health Program. Home visits were on an ad lib basis as the need arose and time was available in both the Brighton and Henderson areas and occasionally in the Fort Lupton area.

Standing orders were minimal because an ill patient could be seen directly by the physician rather than requiring the nurse to provide the medical services in the home. We did use medicated shampoo for treatment of headlice, providing the family with a large enough supply to treat the whole family and instructions in Spanish. We also routinely treated infant diarrhea with rice water and Kaopectate per order of the physician until the infant could be seen in the physician's office. Multi-vitamins were given to all migrant families as dietary supplements. The migrant clinics began July 2, 1969, and continued through September 30, 1969. The clinics were held every Tuesday and Thursday evening from 6 to 9 p.m. The clinics attempted to provide comprehensive care for both children and adults. The clinics were informal, appointments were not made, and patients were seen on a first come, first served basis. Patients requiring clinical workups, hospitalization, or emergency care, were referred to Colorado General Hospital. Brighton Community Hospital and the State Health Department were utilized for x-rays and laboratory services. The dental hygienist was available in the clinic on Tuesday evening. She provided dental screening, instructions or oral hygiene, and made referrals to area dentists for all patients requiring further care. A total of 32 migrants received this service and 26 referrals were made to dentists. There were no other specialized services provided the migrant. Nutrition records were kept on a minimal basis, largely due to lack of personnel and time during the clinic.

A total of 371 migrants were seen in the Family Health Clinics during the months of June through August, from Adams and Weld Counties. Forty-eight of these families were followed intensively by the migrant nurse. Many of the other patients were followed closely by the migrant nurse from Fort Lupton (Weld County). The migrant nurse also spent 15 four-hour days in the migrant school held at Southeast Elementary in Brighton. During this period, 125 of the 142 students enrolled had vision screenings and throat cultures taken. The eye problems were reported to the principal of the school and referred, if possible. The positive throat cultures were treated at Tri-County. Dental screening and oral hygiene instruction was provided by the dental hygienist from the State Health Department assigned to the Migrant Health Program. Nutritional counselling and personal hygiene counselling was done on a limited basis in the schools. Much of this was deferred until the migrant nurse could get into the child's home and involve the entire family.

Health education was carried out on an individual or family basis for the most part. This teaching was done in the home or during the post interview following a clinic visit. This interview was handled by a University of Colorado instructor who volunteered her time. During this interview the medical diagnosis was explained to the patient, along with the plan of treatment, any medications they needed to take, and the prevention for the future. The patient usually felt free at this time to ask many of the questions he would not ask a physician. A formal educational program was not carried out at the clinic due to limited space and lack of a Spanish-Speaking instructor.

Local referrals were made on the standard pink migrant referral form provided by the State Health Department. Referrals to Colorado General Hospital were made for pediatric and adult patients. Patients were scheduled into the various clinics fairly rapidly. Short forms were filled out by the patient prior to going to the hospital in order to speed the initial visit and obtain a clinic card. Following a clinic visit the referral was answered and returned to the Brighton office. The only problem was frustration resulting from this procedure when the migrant repeatedly failed to keep appointments. Referrals were made to private medical doctors in Brighton when a migrant came into the office and a physician was not available. Cooperation was very good from these physicians and the referrals were answered promptly.

No out-of-state referrals were made this past season, however, we did request hospital records from Texas on two occasions. We had complete and prompt response in both instances.

Staff orientation was done very informally on the job as the migrant nurse was hired during the start of the peak season. Several meetings were held with the State Health Department but most of the migrant staff had not been hired at this time. The evening supervisor and doctors had all had previous experience in working with migrants. Both home health aides were Spanish-American - one having been a migrant the past season. The handbook, Nurse-Patient Communication, a manual for Public Health Nurses by Lyle Saunders, June, 1964, was used extensively. The migrant nurse made approximately 90 home visits to 48 households. Approximately 375 persons were followed in these homes, however, these statistics are not totally accurate. Tri-County District Health Department had two home health aides working with the migrants this season who did little or no charting. These two girls made innumerable visits daily, thus a more accurate estimate of home visits cannot be truly stated.

The reported number of referrals on Form PHN 4202-7 includes the month of August. In addition to this, Form SH-DH-M-48 states the number of referrals made from June 1 to July 31, 1969. All of these statistics stated in both reports are not accurate. Account was not kept until June 1969, and many referrals were made beginning April 1969, when the migrants first began coming into the clinic. In addition to this, many times a migrant would come into the office when a physician was not available. This person would be referred to Colorado General Hospital or a private medical doctor and if the patient had no record with the clinic, the referrals were not counted.

Tri-County District Health Department received no referrals from out of the area with the exception of one tuberculosis follow-up from Texas. This patient was never located in either the Adams or Weld County areas.

On two occasions migrants went directly to a private medical doctor and the physician notified Tri-County and requested follow-up care.

The migrants were very consistant about carrying their health records with them and the majority of these migrants had these health records up-to-date. Many of the migrants asked for new records if they had lost them.

The community was well aware of the services available at Tri-County District Health Department for the migrant diseases. The patients came into the C & Y clinics during the daytime hours and the migrant children under 18 years of age were seen and treated. Adults, as well as children, were seen and treated in evening migrant clinics. Very little recruitment was necessary this season. Word of Tri-County services spread among the workers very rapidly. The majority of the migrants lived in the Brighton-Henderson area, however, migrants from Fort Lupton, Keenesburg, Platteville, and other Weld County areas were seen in our clinics. The migrant nurse from Weld County and Tri-County's migrant nurse met weekly to exchange information about mutual patients, make referrals, etc.

The two home health aides working with the migrants were a tremendous asset. They aided the staff in translating and interpreting a great deal. They also performed such functions as confirming clinical appointments, arranging and providing transportation, taking throat cultures on entire families, collecting specimens, and many other time consuming, non-nursing functions. This allowed the migrant nurse more free time to work more intensively with the migrant families having the greatest need.

Tri-County District Health Department had fairly good cooperation from various community groups as previously stated in this report. Several of the community physicians and dentists were very cooperative about seeing migrants when we had no physician and the patient had no way to Colorado General Hospital. *However, Brighton Community Hospital wanted nothing to do with the migrant for any reason. A request for an emergency x-ray had to be cosigned by a physician on the hospital staff - the signature of our physician was not sufficient.*

The migrant school initially agreed to sign a contract with Tri-County District Health Department to have the migrant nurse spend four hours daily in the school for health supervision, teaching, screenings, etc. However, after three weeks working with the school, the nurse was asked to withdraw because of a misunderstanding between Tri-County and the school system.

An area of need is to increase the consultations with nutritionists and home economists. The migrant is the type of person who could really benefit from this kind of advice. Their limited income, large families, and many debts, make them prime candidates for counselling.

In general, the statistics included in the statistical report are inaccurate. Many times the primary diagnosis was the only diagnosis picked up by the statistical clerk when the patient had several ailments of equal intensity or seriousness. Each of these should have been recorded for a more accurate report.

Recommendations For the 1970 Migrant Season:

A. Continue the Home Health Aid Program. These Spanish-speaking girls are essential for the Migrant Program.

B. More comprehensive health education by specialized individuals such as nutritionists ,home economists, etc. The ideal time for a program of this nature would be during the evening migrant clinics.

C. Establish a workable school health program for the migrant school. School is the ideal setting for picking up a multitude of problems and then following through with them in clinics and the home situation. To initiate this, Tri-County District Health Department and the school district will need to settle on a workable plan.

D. Maintain the working relationships between the Weld County and the Adams County Migrant Programs.

E. Maintain current community support and attempt to increase the support and the resources available to the migrant. Seek additional community volunteers to assist with transportation ,translation ,clinics, etc.

GRANTEE NUMBER
ADAMS COUNTY
DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

June 1 - August 31, 1969

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	383	169	214	746
UNDER 1 YEAR	40	22	18	96
1 - 4 YEARS	81	42	39	168
5 - 14 YEARS	92	39	53	137
15 - 44 YEARS	134	52	102	294
45 - 64 YEARS	19	9	10	29
65 AND OLDER	2(15)	0(6)	2(9)	4(18)

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINICS: 347

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS): 24

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients (exclude newborn): 4

No. of Hospital Days: N/A

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES-TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL -- ALL TYPES	20	3	2	0	6	5	4
SMALLPOX	-	-	-	-	-	-	-
DIPHTHERIA	-	-	-	-	-	-	-
PERTUSSIS DPT AND DT	7	1	2	0	0	3	1
TETANUS	-	-	-	-	-	-	-
POLIO	5	1	0	0	0	1	3
TYPHOID	-	-	-	-	-	-	-
MEASLES	1	0	0	0	0	1	0
OTHER (Specify) Tane	7	1	0	0	6	0	0

REMARKS

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS AND PHYSICIANS' OFFICES.

ICD CLASS	MII CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
		TOTAL ALL CONDITIONS	679	516	163
I.	01-	INFECTIVE AND PARASITIC DISEASES TOTAL	137	118	19
	010	TUBERCULOSIS	0	0	0
	011	SYPHILIS	0	0	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES	13	12	1
	013	INTESTINAL PARASITES			
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 years of age	16	12	4
	015	All other	18	13	5
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	10	9	1
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	4	3	1
	019	OTHER INFECTIVE DISEASES (Give examples):			
		Strep Infection	64	58	6
		Strep Contact	3	3	0
		Lice	3	3	0
		Other	5	4	1
		Herpes Simplex	1	1	0
			4	4	0
II.	02-	NEOPLASMS: TOTAL	1	1	0
	020	MALIGNANT NEOPLASMS (give examples):			
		GI Malignancy			
			1	1	0
	025	BENIGN NEOPLASMS	21	2	0
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	22	18	3
	030	DISEASES OF THYROID GLAND	3	2	1
	031	DIABETES MELLITUS	7	5	1
	032	DISEASES of Other Endocrine Glands	0	0	0
	033	NUTRITIONAL DEFICIENCY	2	2	0
	034	OBESITY	5	5	0
	039	OTHER CONDITIONS	5	4	1
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	17	11	6
	040	IRON DEFICIENCY ANEMIA	16	10	6
	049	OTHER CONDITIONS	1	1	0
V.	05-	MENTAL DISORDERS: TOTAL	7	5	2
	050	PSYCHOSES	2	1	1
	051	NEUROSES and Personality Disorders	0	0	0
	052	ALCOHOLISM	0	0	0
	053	MENTAL RETARDATION	1	1	0
	059	OTHER CONDITIONS Psychophysiologic Disorders	4	3	1
VI.	06	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	93	57	32
	060	PERIPHERAL NEURITIS	0	0	0
	061	EPILEPSY	0	0	0
	062	CONJUNCTIVITIS and other Eye Infections	13	12	1
	063	REFRACTIVE ERRORS of Vision	10	8	1
	064	OTITIS MEDIA	60	31	27
	069	OTHER CONDITIONS	10	6	3

PART II - 5. *(Continued)*

GRANT NUMBER

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			16	14	1
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	0	0	0
	070	RHEUMATIC FEVER	0	0	0
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0	0	0
	072	CEREBROVASCULAR DISEASE (Stroke)	1	1	0
	073	OTHER DISEASES of the Heart	9	8	1
	074	HYPERTENSION	0	0	0
	075	VARICOSE VEINS	6	5	0
	079	OTHER CONDITIONS Heart Murmur, etc.			
			202	142	55
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	12	12	0
	080	ACUTE NASOPHARYNGITIS (Common Cold)	9	7	2
	081	ACUTE PHARYNGITIS	15	9	5
	082	TONSILLITIS	8	7	1
	083	BRONCHITIS	1	1	0
	084	TRACHEITIS/LARYNGITIS	0	0	0
	085	INFLUENZA	15	5	9
	086	PNEUMONIA	3	3	0
	087	ASTHMA, HAY FEVER	2	0	2
	088	CHRONIC LUNG DISEASE (Emphysema)	137	98	36
	089	OTHER CONDITIONS URI, Rhinitis, etc.			
			37	28	4
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	14	11	3
	090	CARIES and Other Dental Problems	1	1	0
	091	PEPTIC ULCER	0	0	0
	092	APPENDICITIS	5	4	1
	093	HERNIA	0	0	0
	094	CHOLECYSTIC DISEASE	6	5	1
	099	OTHER CONDITIONS Mouth infection, etc. Gastric Enteritis	11	7	0
			29	24	5
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	12	8	4
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	0	0	0
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	1	1	0
	102	OTHER DISEASES of Male Genital Organs	2	2	0
	103	DISORDERS of Menstruation	1	1	0
	104	MENOPAUSAL SYMPTOMS	4	4	0
	105	OTHER DISEASES of Female Genital Organs	8	7	1
	109	OTHER CONDITIONS GU tract infection, etc. Enuresis	1	1	0
			7	7	0
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	0	0	0
	110	INFECTIONS of Genitourinary Tract during Pregnancy	0	0	0
	111	TOXEMIAS of Pregnancy	0	0	0
	112	SPONTANEOUS ABORTION	1	1	0
	113	REFERRED FOR DELIVERY	0	0	0
	114	COMPLICATIONS of the Puerperium	2	2	0
	119	OTHER CONDITIONS Diagnosis of pregnancy	4	4	0
			58	49	9
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	11	7	4
	120	SOFT TISSUE ABSCESS OR CELLULITIS	25	22	3
	121	IMPETIGO OR OTHER PYODERMA	2	1	1
	122	SEBORRHEIC DERMATITIS	9	9	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	2	2	0
	124	ACNE	9	8	1
	129	OTHER CONDITIONS			

PART II - 5. *(Continued)*

GRANT NUMBER

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE TOTAL	15	11	4
	130	RHEUMATOID ARTHRITIS	0	0	0
	131	OSTEOARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	0	0	0
	139	OTHER CONDITIONS Muscle strain, etc.	15	11	4
V.	14-	CONGENITAL ANOMALIES TOTAL	1	1	0
	140	CONGENITAL ANOMALIES of Circulatory System	0	0	0
	149	OTHER CONDITIONS	1	1	0
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	0	0	0
	150	BIRTH INJURY	0	0	0
	151	IMMATURITY	0	0	0
	159	OTHER CONDITIONS	0	0	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	16	11	4
	160	SYMPTOMS OF SENILITY	1	1	0
	161	BACKACHE	3	1	2
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0	0	0
	163	HEADACHE	2	2	0
	169	OTHER CONDITIONS	10	8	2
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	18	16	2
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	9	8	1
	171	BURNS	0	0	0
	172	FRACTURES	8	7	1
	173	SPRAINS, STRAINS, DISLOCATIONS	0	0	0
	174	POISON INGESTION	0	0	0
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	1	1	0

			NUMBER OF INDIVIDUALS	
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	338	
	200	FAMILY PLANNING SERVICES	22	
	201	WELL CHILD CARE	28	
	202	PRENATAL CARE	18	
	203	POSTPARTUM CARE	8	
	204	TUBERCULOSIS: Follow-up of inactive case	0	
	205	MEDICAL AND SURGICAL AFTERCARE	0	
	206	GENERAL PHYSICAL EXAMINATION	232	
	207	PAPANICOLAOU SMEARS	23	
	208	TUBERCULIN TESTING	0	
	209	SEROLOGY SCREENING	0	
	210	VISION SCREENING	2	
	211	AUDITORY SCREENING	4	
	212	SCREENING CHEST X-RAYS	0	
	213	GENERAL HEALTH COUNSELLING	0	
	219	OTHER SERVICES	1	
		(Specify) Strep culture (August 1-31)	107	
		Stool culture (August 1-31)	21	
		Nutritional counseling (June 1-Aug.31)	25	197 total other services
		Ecological Evaluation (June 1-Aug. 31)	20	
		Social Services (June 1-Aug. 31)	24	

PART III - NURSING SERVICE

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	None
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	0
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	90
b. TOTAL HOUSEHOLDS SERVED	24
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	375
d. VISITS TO SCHOOLS, DAY CARE CENTERS	15
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	142
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	78
(1) Within Area	78
(Total Completed 22)	
(2) Out of Area	0
(Total Completed)	0
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	26
(Total Completed 17)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	0
(Total Completed)	0
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	2
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	0
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	400
(1) Number presenting health record. 250	
(2) Number given health record. 150	
4. OTHER ACTIVITIES (*Specify*):	

1969 MIGRANT HEALTH PROGRAM - BOULDER COUNTY

This report is being prepared in an effort to evaluate the Migrant Health Program in Boulder County. The report is limited to those aspects of the program which involve the Public Health Nursing Division of the Boulder City-County Health Department.

The overall objectives of the program are as follows:

A. To acquaint the migrant family with the local health department and community health, education, welfare and social services available.

B. To provide professional nursing services to the migrant or seasonal workers in an effort to maintain and promote optimal health.

C. To provide home counseling and teaching in health habits and family care.

D. To provide family planning services.

E. To provide immunizations and other well-child services for pre-school members of the migrant family.

During the preceeding months of this year approximately 35 migrant families have resided in Boulder County. Of this number, 22 families received service through the local program. The summary of services given are as follows:

Nursing visits to migrant patients - 130

New contacts	54
Follow-up visits	76
Types of visits include:	
Ante partum	9
Post partum	6
Planned parenthood follow-up	3
General health	83
Short-term illness	1
Orthopedic	10
Vision	5
Other long-term illness	1
Hearing	5
Mental Health	2
Mental retardation	5
Conferences pertaining to migrant families	41
Child Health Conference contacts	52

Three staff nurses - Janice Jacoby, Eileen Lemmon and Mary Muma, provide these services on a part-time basis as a collateral duty.

The public health nurse typically serves the seasonal worker and his family in their home, as well as in the various clinic services such as the Child Health Nursing and Medical Conferences, the Handicapped Children's Clinics and the Planned Parenthood Clinic. She frequently acts as a middleman between migrant families and the various health, education and social resources in the community. Families needing out-patient care are referred to local physicians, and persons needing in-patient care are generally referred to Colorado General Hospital.

During the month of June 1969 the rains prevented many seasonal workers from gainful employment and these families were referred to the Department of Welfare, where food stamps and other social services were provided.

One cannot discuss the Migrant Health Program without mentioning Emily Chavez and Georgia Najera, who are field workers for the Boulder County Planned Parenthood Association. These ladies have a first-hand understanding of the many social and health problems of the migrant family. They are often responsible for making the family known to the agency. Mrs. Chavez and Mrs. Najera frequently provide transportation to and from clinic services and are available to act as interpreters. Their concern for the migrant family and their willingness to work closely with the nurses provides invaluable assistance to the overall management of the Migrant Health Program.

In the initial evaluation of this program, several problem areas have been encountered.

A. The nurses have been well received and nearly always the families express interest in the clinic services offered. However, a small fraction of these families fail to keep their appointments and some leave the area before a specific health need has been resolved.

B. The nurses have occasionally met attitudes of suspecion by the migrant family and she has frequently been subjected to overt hostility and suspicion by supervisors or employers of the seasonal worker.

C. Another problem is the inability to finance hospital care in the immediate area. Women going to Colorado General Hospital for prenatal care have been required to spend so much time in the admission office that they often miss their clinic appointments and must return at a later date for care.

D. The migratory nature of these families make follow-up very difficult. Communication between our agency and those agencies of neighboring states seems to have improved, but there is still some difficulty in referring families for health care or follow-up.

E. It appears that 30 percent of the migrant families living in Boulder County have not received any of the services available through our agency. It seems probable that these families also have had health problems. Hopefully, some of these problems can be resolved. Presently, the

Planned Parenthood Association of Boulder County is planning an extension of their services and this extension will include a prenatal clinic.

It seems apparent that we need to improve relations with the supervisors and employers of the seasonal worker. This could perhaps be accomplished by the participation of public health nursing in selected community activities and discussion groups.

The services provided by the Planned Parenthood field workers have proven to be so effective, it seems we must consider the use of agency field workers or volunteer workers to assist the public health nurses with case-finding, interpretation, transportation and general family support.

1969 MIGRANT HEALTH PROGRAM - DELTA COUNTY

The following is a summary of the 1969 Migrant Season:

1. Nursing Services

   A. Two Public Health Nurses served on a voluntary basis. There was one Migrant Nurse (hired by the Colorado Migrant Council) who started work July 5, 1969 and left work August 30, 1969.

   B. Two full-time VISTA workers in our area plus 6 summer VISTA workers under sponsorship of the Colorado Migrant Council. These two full-time VISTAs were of great help to us.

2. Services Provided to Migrants

   A. Services provided to the Migrants were through referrals from the Public Health Office, Migrant Nurse and field supervisor of the Holly Sugar Company. Our local doctors and dentists provided these services either in their private offices or local hospital. We did have one evening health clinic at the Holly Sugar Camp where PAP, dental checks, serology were drawn and D.T. immunizations were offered. During the course of the evening a home economics consultant with the State Health Department explained to Migrants food value and also gave a food demonstration.

3. 1969 Program

   A. This year's program was more satisfactory because of interested VISTA workers. We had Navajo and Spanish-American aids and teachers in our Migrant School, Day Care Center and Nursery. These people understood the language and customs of their respective groups.

4. Migrant Nurse

   A. We are hopeful that next year we will have a full-time Migrant Nurse on duty as soon as the Migrants arrive in the area.

5. Sanitation

   A. There has been no change from last year. Plumbing: Restrooms - stools - not sectioned off. Men/women have own side. Showers - men/women one division or room for each sex. Showers in one room with center drain. Not individually divided. Small wash basin and hand laundry facilities in one room. There is outside hydrant for unit use.

6. Problems

   A. Crowded housing conditions.

   B. Need health records of incoming Migrants.

   C. Language barrier.

D. Working hours: The Migrant out in the fields by 6:00 or 7:00 AM and works until 6;00 to 7:00 PM. Hard to find them for follow-up or information.

DELTA COUNTY

GRANT NUMBER

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	100	55	45	143
UNDER 1 YEAR	15	8	7	25
1 - 4 YEARS	17	7	10	28
6 - 44 YEARS	30	20	10	35
44 YEARS	26	14	12	40
45 - 64 YEARS	12	6	6	15
65 AND OLDER	0	0	0	0

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 0

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 65

MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment):

No. of Patients (exclude newborn) 34

No. of Hospital Days 56

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES - TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					INCOMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL ALL TYPES	92	1	52	30	9	30	44
SMALL POX	-	-	-	-	-	-	-
DIPHTHERIA	-	-	-	-	-	-	-
PERTUSSIS	-	-	-	-	-	-	-
TETANUS Toxoid	6	-	2	4	-	-	6
POLIO	38	-	22	16	-	-	38
TYPHOID	-	-	-	-	-	-	-
MEASLES	25	-	25	-	-	-	-
OTHER (Specify) Gamma Globulin	23	1	3	10	9	-	-
Adult D.T.	-	-	-	-	-	30	-

REMARKS

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

GRADE NUMBER

ICD CLASS	MII CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VIII.		TOTAL ALL CONDITIONS	157	88	69
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	30	12	18
	010	TUBERCULOSIS	4	1	3
	011	SYPHILIS	0	0	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES	0	0	0
	013	INTESTINAL PARASITES	0	0	0
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	0	0	0
	015	All other	0	0	0
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	0	0	0
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	0	0	0
	019	OTHER INFECTIVE DISEASES *(Give examples)*:			
		Infectious Hepatitis	6	1	5
		Impetigo	20	10	10
II.	02-	NEOPLASMS: TOTAL	0	0	0
	020	MALIGNANT NEOPLASMS *(give examples)*:			
	025	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	0	0	0
	030	DISEASES OF THYROID GLAND			
	031	DIABETES MELLITUS			
	032	DISEASES of Other Endocrine Glands			
	033	NUTRITIONAL DEFICIENCY			
	034	OBESITY			
	039	OTHER CONDITIONS			
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	0	0	0
	040	IRON DEFICIENCY ANEMIA			
	049	OTHER CONDITIONS			
V.	05-	MENTAL DISORDERS: TOTAL	0	0	0
	050	PSYCHOSES			
	051	NEUROSES and Personality Disorders			
	052	ALCOHOLISM			
	053	MENTAL RETARDATION			
	059	OTHER CONDITIONS			
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	6	3	3
	060	PERIPHERAL NEURITIS	0	0	0
	061	EPILEPSY	0	0	0
	062	CONJUNCTIVITIS and other Eye Infections	0	0	0
	063	REFRACTIVE ERRORS of Vision	0	0	0
	064	OTITIS MEDIA	6	3	3
	069	OTHER CONDITIONS	0	0	0

PART II - 5. *(Continued)*

GRANT NUMBER

ICD CLASS	MII CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			1	1	0
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	0	0	0
	070	RHEUMATIC FEVER	0	0	0
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0	0	0
	072	CEREBROVASCULAR DISEASE (Stroke)	1	1	0
	073	OTHER DISEASES of the Heart 1 tachycardia	0	0	0
	074	HYPERTENSION	0	0	0
	075	VARICOSE VEINS	0	0	0
	079	OTHER CONDITIONS			
			11	6	5
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	0	0	0
	080	ACUTE NASOPHARYNGITIS (Common Cold)	0	0	0
	081	ACUTE PHARYNGITIS	10	5	5
	082	TONSILLITIS	0	0	0
	083	BRONCHITIS	0	0	0
	084	TRACHEITIS/LARYNGITIS	1	1	0
	085	INFLUENZA	0	0	0
	086	PNEUMONIA	0	0	0
	087	ASTHMA, HAY FEVER	0	0	0
	088	CHRONIC LUNG DISEASE (Emphysema)	0	0	0
	089	OTHER CONDITIONS			
			39	39	0
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	39	39	0
	090	CARIES and Other Dental Problems	0	0	0
	091	PEPTIC ULCER	0	0	0
	092	APPENDICITIS	0	0	0
	093	HERNIA	10	0	0
	094	CHOLECYSTIC DISEASE	0	0	0
	099	OTHER CONDITIONS			
			0	0	0
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL			
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)			
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)			
	102	OTHER DISEASES of Male Genital Organs			
	103	DISORDERS of Menstruation			
	104	MENOPAUSAL SYMPTOMS			
	105	OTHER DISEASES of Female Genital Organs			
	109	OTHER CONDITIONS			
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	6	5	1
	110	INFECTIONS of Genitourinary Tract during Pregnancy	0	0	0
	111	TOXEMIAS of Pregnancy	0	0	0
	112	SPONTANEOUS ABORTION	2	1	1
	113	REFERRED FOR DELIVERY	4	4	0
	114	COMPLICATIONS of the Puerperium	0	0	0
	119	OTHER CONDITIONS age and number of pregnancies - high risk = 2			
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	20	10	10
	120	SOFT TISSUE ABSCESS OR CELLULITIS	0	0	0
	121	IMPETIGO OR OTHER PYODERMA	20	10	10
	122	SEBORRHEIC DERMATITIS	0	0	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	0	0	0
	124	ACNE	0	0	0
	129	OTHER CONDITIONS			

PART II - 5. *(Continued)*

ICD CLASS	MB CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	0	0	0
	130	RHEUMATOID ARTHRITIS			
	131	OSTEOARTHRITIS			
	132	ARTHRITIS, Unspecified			
	139	OTHER CONDITIONS			
	14-	CONGENITAL ANOMALIES TOTAL	0	0	0
	140	CONGENITAL ANOMALIES of Circulatory System			
	149	OTHER CONDITIONS			
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	0	0	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	0	0	0
	160	SYMPTOMS OF SENILITY			
	161	BACKACHE			
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS			
	163	HEADACHE			
	169	OTHER CONDITIONS			
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	44	12	32
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	30	10	20
	171	BURNS	0	0	0
	172	FRACTURES Jaw fracture - 3 broken arms - 1 adult, 2 children	14	2	12
	173	SPRAINS, STRAINS, DISLOCATIONS			
	174	POISON INGESTION			
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence			

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	
	200	FAMILY PLANNING SERVICES	0
	201	WELL CHILD CARE	0
	202	PRENATAL CARE	2
	203	POSTPARTUM CARE	1
	204	TUBERCULOSIS: Follow-up of inactive case	0
	205	MEDICAL AND SURGICAL AFTERCARE	0
	206	GENERAL PHYSICAL EXAMINATION	13
	207	PAPANICOLAOU SMEARS	11
	208	TUBERCULIN TESTING	55
	209	SEROLOGY SCREENING	15
	210	VISION SCREENING	10
	211	AUDITORY SCREENING	9
	212	SCREENING CHEST X-RAYS	9
	213	GENERAL HEALTH COUNSELLING	0
	219	OTHER SERVICES	0
		(Specify)	0

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS — Health Clinic + Holly Sugar Camp	1
b. NUMBER OF INDIVIDUALS SERVED - TOTAL — 15 dental, 11 pap smear, 15 serology, 30 adult D.T.	56
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	0
b. TOTAL HOUSEHOLDS SERVED	0
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	0
d. VISITS TO SCHOOLS, DAY CARE CENTERS	35
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	130
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	57
(1) Within Area	57
(Total Completed)	
(2) Out of Area	2
(Total Completed)	39
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	18
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	96
(Total Completed)	75
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	1
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	2
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	1 0
(1) Number presenting health record.	
(2) Number given health record.	
4. OTHER ACTIVITIES *(Specify)*:	

REMARKS

1969 MIGRANT HEALTH PROGRAM - KIT CARSON COUNTY

Migrant School started in Burlington on June 4. The average attendance at the school was 181. The average in the Head Start was 48 and the Infant Education was 31. At the beginning of the school, a team of 5 pediatricians from the University of Colorado Medical Center came to Burlington to do physicals on all the children in the Head Start and Nursery. Since the nurse hired by the Migrant Council wasn't in Burlington yet, I helped with this clinic. The doctors checked 122 children. Their findings were as follows:

Upper Respiratory Infection - 4
Vitamin A deficiency - 17
Anemia - 2
Slight anemia - 4
Lice - 3
Angular conjunctivities of the yye - 1
Heart murmur - 1
Innocent heart murmur - 2
Rickets - 1
Early rickets - 7
Otitis media - 1
Impetigo - 7

With the help of a girl hired by the Board of Education, I checked the vision of 210 school children and the hearing of 214 school children. Since there were 14 school children needing eye examinations and several others needing follow-up by specialists, I made arrangements to take a bus load into the University of Colorado Medical Center on June 27.

The Board of Education paid for the bus and we stayed overnight at the Marycrest convent in Denver. We were given dinner and breakfast by the Nuns.

Accompanying me on this trip were the mothers of all the children except those going to the eye clinic, 2 nuns and the Migrant Council nurse. A special eye clinic was held for the 13 children that went and all but one of those received glasses. One child didn't go to Denver because he was receiving attention in Texas and the other one didn't receive glasses because the doctors felt that they couldn't improve on the glasses that the child already had. The glasses were paid for by the Board of Education and the State Health Department Migrant Fund. One 6 year old girl had a cardiac evaluation and it was found that she didn't need any immediate attention. However, she will be followed up each year by the Medical Center if she returns to this area.

A 20 year old mentally retarded girl, who is the size of about of about a 5 year old and has the mental capacity of a toddler, was given different examinations and it was recommended that she be placed in a home for the mentally retarded in Texas. The Migrant Consultant at the State Health Department will follow up on this case.

A 9 month old girl was seen at the eye clinic because of a paralytic squint left eye. She has a patch on her eye and will return to the clinic in 3 weeks. The doctors will decide what follow-up needs to be done at that time.

A 17 year old boy was seen in the dermatology clinic and he was given medication. Arrangements had been made for a woman with female trouble to have a physical, but because of lack of time, this was not done. When we returned to Burlington, I referred her to the doctor. One other child was to go to Denver with us, but she didn't make it to the bus. She will be followed-up at a later date by the Migrant Council nurse. I felt like this was a very worthwhile trip and all the health problems were taken care of at the same time.

I did TB testing on 181 children and 16 adults in the School. I found 6 positive reactors and they all had x-rays and were found negative.

I found 2 hearing cases that needed attention and had planned to taken them to the University of Colorado Medical Center but the clinic was not open at the time we could get the other appointments. Therefore, I sent those 2 to the local doctor and they were put on medication for ear infections.

I did strep cultures on 25 people and 8 were found positive. All of these were referred to the doctor for follow-up.

The Dental Hygienist from the State Health Department came to the School and did dental inspections on 291 children. 68 of them were referred to the local dentists for care. All of those that have not left town, will receive care before the School is out. This will be paid for by the Migrant Fund of the Dental Section at the State Health Department.

I spent all the month of June in the Migrant School. Although I was not working for the Migrant Council this year, I took care of all their accident cases and sick children and made referrals to the doctors. They have a nurse hired but she was also to be in 7 other schools so she is not able to spend much time in Burlington. Many adults in the community also came to the School to see me, and those that needed medical care, I referred to the doctor.

The Spanish-American that I took to Colorado General on Memorial Day was found to have pulmonary TB. He was transferred to the TB section at the Hospital. I did follow-up on all the labor camps and found 6 positive TB reactors. All of them were sent for x-rays and those were found negative. However, it was recommended that they have repeat x-rays in 6 lmonths. I went to get their home addresses and found that they had all left. However, I did get their addresses and the State Health Department will follow-up on these cases by notifying the Health Departments in their home places.

One possible TB case was referred to me by Dr. Ross. I did follow-up on the family and all were negative. Later on it was found that the patient didn't have TB.

I made arrangements for Doctor Ross and Doctor Beethe to each hold an evening clinic at the Mobile Unit run by the Nuns that on the Kansas-Colorado border. Doctor Beethe saw 23 patients and Doctor Ross saw 15.

One case of G.C. was reported to me by Doctor Beethe. He asked me to follow-up on three contacts. I found two of the contacts and one of them has started treatment and the other promised to see a doctor right away. The third contact moved out of town and I did not locate him but I did get his parents address. Follow-up on this will be done by the State Health Department.

Due to the fact that my husband had to leave a week earlier than planned, my last working day was Saturday, June 28 instead of July 3. However, I worked Memorial Day and every Saturday and Sunday and many evenings during the month of June. Therefore, I feel I am not cheating any of you by leaving a few days early.

The Migrant School is very fortunate to have two Nuns that will donate their time in the school until it is over. One is an R.N. and the other an L.P.N. The State Health Department gave the R.N. permission to make all necessary referrals to the doctors since a new County Nurse had not been hired yet.

My secretary is doing all the necessary reports and letters to finish up the work started in the Migrant School. Any local follow-up that is needed will be done by the Nuns and anything requiring communication to Texas will be done by the State Health Department.

KIT CARSON COUNTY

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	278	119	159	278
UNDER 1 YEAR	15	16	9	15
1 - 4 YEARS	102	48	54	102
5 - 14 YEARS	82	39	43	82
15 - 44 YEARS	61	22	39	61
45 - 64 YEARS	18	4	14	18
65 AND OLDER	0	0	0	0

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 38

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 117

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 4

No. of Hospital Days 6 months

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES - TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE - TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL -- ALL TYPES							
SMALLPOX							
DIPHTHERIA							
PERTUSSIS							
TETANUS							
POLIO							
TYPHOID							
MEASLES							
OTHER *(Specify)*							

REMARKS

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
xvii.		TOTAL ALL CONDITIONS	172	124	48
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	10	7	3
	010	TUBERCULOSIS	4	4	0
	011	SYPHILIS	0	0	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES	2	1	1
	013	INTESTINAL PARASITES	0	0	0
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	0	0	0
	015	All other	0	0	0
	016	"CHILDHOOD DISEASES" – mumps, measles, chickenpox	2	1	1
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	2	1	1
	019	OTHER INFECTIVE DISEASES (*Give examples*):	0	0	0
II.	02-	NEOPLASMS: TOTAL	0	0	0
	020	MALIGNANT NEOPLASMS (*give examples*):			
	025	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	0	0	0
	030	DISEASES OF THYROID GLAND			
	031	DIABETES MELLITUS			
	032	DISEASES of Other Endocrine Glands			
	033	NUTRITIONAL DEFICIENCY			
	034	OBESITY			
	039	OTHER CONDITIONS			
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	11	5	6
	040	IRON DEFICIENCY ANEMIA	5	2	3
	049	OTHER CONDITIONS	6	3	3
V.	05-	MENTAL DISORDERS: TOTAL	2	2	0
	050	PSYCHOSES	0	0	0
	051	NEUROSES and Personality Disorders	0	0	0
	052	ALCOHOLISM	0	0	0
	053	MENTAL RETARDATION	1	1	0
	059	OTHER CONDITIONS	1	1	0
VI.	06	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL	61	47	14
	060	PERIPHERAL NEURITIS	0	0	0
	061	EPILEPSY	0	0	0
	062	CONJUNCTIVITIS and other Eye Infections	31	22	9
	063	REFRACTIVE ERRORS of Vision	13	12	0
	064	OTITIS MEDIA	13	10	3
	069	OTHER CONDITIONS	4	2	2

PART II – 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			2	1	1
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	0	0	0
	070	RHEUMATIC FEVER	0	0	0
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0	0	0
	072	CEREBROVASCULAR DISEASE (Stroke)	2	1	1
	073	OTHER DISEASES of the Heart	0	0	0
	074	HYPERTENSION	0	0	0
	075	VARICOSE VEINS	0	0	0
	079	OTHER CONDITIONS	42	28	14
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	15	12	3
	080	ACUTE NASOPHARYNGITIS (Common Cold)	0	0	0
	081	ACUTE PHARYNGITIS	1	1	0
	082	TONSILLITIS	18	11	7
	083	BRONCHITIS	0	0	0
	084	TRACHEITIS/LARYNGITIS	1	1	0
	085	INFLUENZA	0	0	0
	086	PNEUMONIA	0	0	0
	087	ASTHMA, HAY FEVER	0	0	0
	088	CHRONIC LUNG DISEASE (Emphysema)	7	3	4
	089	OTHER CONDITIONS	11	8	3
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	2	2	0
	090	CARIES and Other Dental Problems	0	0	0
	091	PEPTIC ULCER	0	0	0
	092	APPENDICITIS	0	0	0
	093	HERNIA	0	0	0
	094	CHOLECYSTIC DISEASE	9	6	3
	099	OTHER CONDITIONS	10	5	5
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	10	5	5
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	0	0	0
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	0	0	0
	102	OTHER DISEASES of Male Genital Organs	0	0	0
	103	DISORDERS of Menstruation	0	0	0
	104	MENOPAUSAL SYMPTOMS	0	0	0
	105	OTHER DISEASES of Female Genital Organs	0	0	0
	109	OTHER CONDITIONS			
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	0	0	0
	110	INFECTIONS of Genitourinary Tract during Pregnancy			
	111	TOXEMIAS of Pregnancy			
	112	SPONTANEOUS ABORTION			
	113	REFERRED FOR DELIVERY			
	114	COMPLICATIONS of the Puerperium			
	119	OTHER CONDITIONS			
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	6	6	0
	120	SOFT TISSUE ABSCESS OR CELLULITIS	0	0	0
	121	IMPETIGO OR OTHER PYODERMA	6	6	0
	122	SEBORRHEIC DERMATITIS	0	0	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	0	0	0
	124	ACNE	0	0	0
	129	OTHER CONDITIONS			

PART II - 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE TOTAL	6	4	2
	130	RHEUMATOID ARTHRITIS	0	0	0
	131	OSTEOARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	0	0	0
	139	OTHER CONDITIONS	6	4	2
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	0	0	0
	140	CONGENITAL ANOMALIES of Circulatory System			
	149	OTHER CONDITIONS			
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY TOTAL	0	0	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	0	0	0
	160	SYMPTOMS OF SENILITY			
	161	BACKACHE			
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS			
	163	HEADACHE			
	169	OTHER CONDITIONS			
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	11	11	0
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	9	9	0
	171	BURNS	0	0	0
	172	FRACTURES	0	0	0
	173	SPRAINS, STRAINS, DISLOCATIONS	0	0	0
	174	POISON INGESTION	2	2	0
	179	OTHER CONDITIONS due to Accidents Poisoning or Violence	0	0	0

			NUMBER OF INDIVIDUALS
G.	2-	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	
	200	FAMILY PLANNING SERVICES	0
	201	WELL CHILD CARE	0
	202	PRENATAL CARE	1
	203	POSTPARTUM CARE	0
	204	TUBERCULOSIS Follow-up of inactive case	6
	205	MEDICAL AND SURGICAL AFTERCARE	14
	206	GENERAL PHYSICAL EXAMINATION	125
	207	PAPANICOLAOU SMEARS	2
	208	TUBERCULIN TESTING	197
	209	SEROLOGY SCREENING	0
	210	VISION SCREENING	210
	211	AUDITORY SCREENING	214
	212	SCREENING CHEST X-RAYS	14
	213	GENERAL HEALTH COUNSELLING	45
	219	OTHER SERVICES Prosthetic device fitting	1
		(Specify) Strep cultures	25

PART III - NURSING SERVICE

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	0
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	0
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	0
b. TOTAL HOUSEHOLDS SERVED	0
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	0
d. VISITS TO SCHOOLS, DAY CARE CENTERS	0
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	0
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	265
(1) Within Area	256
(Total Completed)	251
(2) Out of Area	9
(Total Completed)	6
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	11
(Total Completed)	11
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	2
(Total Completed)	2
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee for-Service)	7
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	3
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD (Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	300
(1) Number presenting health record.	41
(2) Number given health record.	251
4. OTHER ACTIVITIES (*Specify*):	

REMARKS

LARIMER COUNTY

GRANT NUMBER

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	170	49	121	215
UNDER 1 YEAR	8	2	6	10
1 - 4 YEARS	33	19	14	46
5 - 14 YEARS	31	14	17	44
15 - 44 YEARS	72	5	767	129
45 - 64 YEARS	21	9	14	36
65 AND OLDER	5	2	3	10

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 128 individuals, 214 visits

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 71 cultures, 46 individuals, 61 visits

3. MIGRANT PATIENTS HOSPITALIZED (*Regardless of arrangements for payment*):

No. of Patients (exclude newborn) 13

No. of Hospital Days 80

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES-TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	0	0	16	4	0	20	0
SMALLPOX	-	-	-	-	-	-	-
DIPHTHERIA	-	-	4	1	-	5	-
PERTUSSIS	-	-	4	1	-	5	-
TETANUS	-	-	4	1	-	5	-
POLIO	-	-	4	1	-	5	-
TYPHOID	-	-		-	-	-	-
MEASLES	-	-	-	-	-	-	-
OTHER (Specify)	-	-	-	-	-	-	-
		-					

REMARKS

169 Dental Screenings by dental hygienist also, fluoride treatment.

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	[illegible] VISITS
		TOTAL ALL CONDITIONS	268	173	88
I.	01-	INFECTIVE AND PARASITIC DISEASES TOTAL	72	67	5
	010	TUBERCULOSIS	0	0	0
	011	SYPHILIS	0	0	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES	0	0	0
	013	INTESTINAL PARASITES	1	1	0
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	5	5	0
	015	All other	0	0	0
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	0	0	0
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	3	1	2
	019	OTHER INFECTIVE DISEASES (*Give examples*): Tooth	1	1	0
		Strep	28	28	0
		Cervical Lymph with strep	4	1	3
		Additional strep	30	30	0
II.	02-	NEOPLASMS TOTAL	2	1	0
	020	MALIGNANT NEOPLASMS (*give examples*): Non-malignant Polyp at base of cenoio regions	2	1	1
	025	BENIGN NEOPLASMS	0	0	0
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	33	9	24
	030	DISEASES OF THYROID GLAND	0	0	0
	031	DIABETES MELLITUS	19	3	16
	032	DISEASES of Other Endocrine Glands	0	0	0
	033	NUTRITIONAL DEFICIENCY	3	2	1
	034	OBESITY	5	3	2
	039	OTHER CONDITIONS Hypoglycemia	6	1	5
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	3	2	1
	040	IRON DEFICIENCY ANEMIA	3	2	1
	049	OTHER CONDITIONS	0	0	0
V.	05-	MENTAL DISORDERS TOTAL	8	2	6
	050	PSYCHOSES	0	0	0
	051	NEUROSES and Personality Disorders	5	1	4
	052	ALCOHOLISM	0	0	0
	053	MENTAL RETARDATION	0	0	0
	059	OTHER CONDITIONS Reactive Disorders	3	1	2
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	25	15	10
	060	PERIPHERAL NEURITIS	0	0	0
	061	EPILEPSY	3	1	2
	062	CONJUNCTIVITIS and other Eye Infections	5	4	1
	063	REFRACTIVE ERRORS of Vision	1	1	0
	064	OTITIS MEDIA	10	5	5
	069	OTHER CONDITIONS Menicres Drum Pgrforstion	1	1	0
			5	3	2

PART II – 5. *(Continued)*

CHART NUMBER

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			17	3	14
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	0	0	0
	070	RHEUMATIC FEVER	0	0	0
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0	0	0
	072	CEREBROVASCULAR DISEASE (Stroke)	0	0	0
	073	OTHER DISEASES of the Heart	16	2	14
	074	HYPERTENSION	0	0	0
	075	VARICOSE VEINS	1	1	0
	079	OTHER CONDITIONS Rectal Bleeding			
			25	22	3
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	10	9	1
	080	ACUTE NASOPHARYNGITIS (Common Cold)	8	7	1
	081	ACUTE PHARYNGITIS	2	2	0
	082	TONSILLITIS	2	1	1
	083	BRONCHITIS	1	1	0
	084	TRACHEITIS/LARYNGITIS	0	0	0
	085	INFLUENZA	0	0	0
	086	PNEUMONIA	0	0	0
	087	ASTHMA, HAY FEVER	0	0	0
	088	CHRONIC LUNG DISEASE (Emphysema)	2	2	0
	089	OTHER CONDITIONS hugh tonsils - I had T&A			
			6	6	0
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	1	1	0
	090	CARIES and Other Dental Problems oral ulcer	0	0	0
	091	PEPTIC ULCER	0	0	0
	092	APPENDICITIS	0	0	0
	093	HERNIA	0	0	0
	094	CHOLECYSTIC DISEASE	1	1	0
	099	OTHER CONDITIONS nervous stomach	2	2	0
		gastroenteritis	2	2	0
		Constipation	4	3	1
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	3	2	1
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	0	0	0
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	0	0	0
	102	OTHER DISEASES of Male Genital Organs	0	0	0
	103	DISORDERS of Menstruation	0	0	0
	104	MENOPAUSAL SYMPTOMS	0	0	0
	105	OTHER DISEASES of Female Genital Organs	1	1	0
	109	OTHER CONDITIONS cervical oplyp			
			12	6	6
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	0	0	0
	110	INFECTIONS of Genitourinary Tract during Pregnancy	0	0	0
	111	TOXEMIAS of Pregnancy	0	0	0
	112	SPONTANEOUS ABORTION	10	4	6
	113	REFERRED FOR DELIVERY	0	0	0
	114	COMPLICATIONS of the Puerperium	2	2	0
	119	OTHER CONDITIONS primipera delivery at home by father			
			19	13	6
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	2	1	1
	120	SOFT TISSUE ABSCESS OR CELLULITIS	5	3	2
	121	IMPETIGO OR OTHER PYODERMA	4	3	1
	122	SEBORRHEIC DERMATITIS	5	4	1
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	3	2	1
	124	ACNE	0	0	0
	129	OTHER CONDITIONS			

PART II - 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	4	2	2
	130	RHEUMATOID ARTHRITIS	0	0	0
	131	OSTEOARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	1	1	0
	139	OTHER CONDITIONS Bursitis	3	1	2
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	2	1	1
	140	CONGENITAL ANOMALIES of Circulatory System	0	0	0
	149	OTHER CONDITIONS Bilateral tibal torsion	2	1	1
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	0	0	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	9	9	0
	160	SYMPTOMS OF SENILITY	0	0	0
	161	BACKACHE	2	2	0
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0	0	0
	163	HEADACHE	3	3	0
	169	OTHER CONDITIONS Fainting	2	2	0
		1 Nosebleed	1 1	1 1	0 0
		Warts	20	12	8
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	6	5	1
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	4	1	3
	171	BURNS	6	3	3
	172	FRACTURES	4	3	1
	173	SPRAINS, STRAINS, DISLOCATIONS	0	0	0
	174	POISON INGESTION	0	0	0
	179	OTHER CONDITIONS due to Accidents, Poisoning or Violence			

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	
	200	FAMILY PLANNING SERVICES	4
	201	WELL CHILD CARE	3
	202	PRENATAL CARE	7
	203	POSTPARTUM CARE	4
	204	TUBERCULOSIS: Follow-up of inactive case	0
	205	MEDICAL AND SURGICAL AFTERCARE	3
	206	GENERAL PHYSICAL EXAMINATION	70
	207	PAPANICOLAOU SMEARS	10
	208	TUBERCULIN TESTING	200
	209	SEROLOGY SCREENING	0
	210	VISION SCREENING	103
	211	AUDITORY SCREENING	101
	212	SCREENING CHEST X-RAYS	1
	213	GENERAL HEALTH COUNSELLING	6
	219	OTHER SERVICES tubal ligation	2
		(Specify)	

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	7
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	113
2 FIELD NURSING: 130 first visits - 80 revisits	
a. VISITS TO HOUSEHOLDS	210
b. TOTAL HOUSEHOLDS SERVED	0
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	0
d. VISITS TO SCHOOLS, DAY CARE CENTERS	50
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	275
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	58
(1) Within Area	58
(Total Completed)	
(2) Out of Area	2
(Total Completed)	2
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	0
(Total Completed)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	2
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	10
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	30
(1) Number presenting health record.	10
(2) Number given health record.	25
4. OTHER ACTIVITIES *(Specify)*:	

REMARKS

NORTHEAST HEALTH DEPARTMENT - NON-FUNDED NURSES

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	547	291	256	597
UNDER 1 YEAR	26	14	12	26
1 - 4 YEARS	170	80	90	170
14 YEARS	206	101	105	206
- 44 YEARS	118	91	27	118
45 - 64 YEARS	27	5	22	27
65 AND OLDER	0	0	0	0

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 0

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 351

3. MIGRANT PATIENTS HOSPITALIZED
(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 55

No. of Hospital Days 135

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL			
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES - TOTAL			
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					INCOMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	632	--	316	228	--	21	61
SMALLPOX	24	--	--	22	--	--	2
DIPHTHERIA	153	--	79	47	--	7	20
PERTUSSIS	134	--	79	39	--	7	9
TETANUS	142	--	79	47	--	7	20
POLIO	133	--	79	27	--	--	10
TYPHOID	0	--	--	--	--	--	--
MEASLES	41	--	--	41	--	--	--
OTHER (Specify) Mumphs	5	--	--	5	--	--	--

REMARKS

Many patients went to physicians on their own. We have no way of knowing. Perhaps 200 are not counted above. Many come over from Nebraska, also.

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
		TOTAL ALL CONDITIONS	433	351	82
	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	50	48	2
	010	TUBERCULOSIS	6	4	2
	011	SYPHILIS	0	0	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES	0	0	0
	013	INTESTINAL PARASITES	0	0	0
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	1	1	0
	015	All other	15	15	0
	016	"CHILDHOOD DISEASES" – mumps, measles, chickenpox	28	28	0
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	0	0	0
	019	OTHER INFECTIVE DISEASES (*Give examples*):	0	0	0
		_____			
		_____			
		_____			
		_____			
II.	02-	NEOPLASMS: TOTAL	4	3	1
	020	MALIGNANT NEOPLASMS (*give examples*):			
		_____	2	1	1
		_____	0	0	0
		_____	0	0	0
		_____	0	0	0
		_____	0	0	0
		_____	0	0	0
	025	BENIGN NEOPLASMS	2	2	0
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	12	7	5
	030	DISEASES OF THYROID GLAND	0	0	0
	031	DIABETES MELLITUS	1	1	0
	032	DISEASES of Other Endocrine Glands	0	0	0
	033	NUTRITIONAL DEFICIENCY	10	5	5
	034	OBESITY	1	1	0
	039	OTHER CONDITIONS	0	0	0
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	0	0	0
	040	IRON DEFICIENCY ANEMIA			
	049	OTHER CONDITIONS			
V.	05-	MENTAL DISORDERS: TOTAL	3	3	0
	050	PSYCHOSES	0	0	0
	051	NEUROSES and Personality Disorders	2	2	0
	052	ALCOHOLISM	0	0	0
	053	MENTAL RETARDATION	1	1	0
	059	OTHER CONDITIONS	0	0	0
VI.	06	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	56	36	20
	060	PERIPHERAL NEURITIS	0	0	0
	061	EPILEPSY	0	0	0
	062	CONJUNCTIVITIS and other Eye Infections	0	0	0
	063	REFRACTIVE ERRORS of Vision	27	14	13
	064	OTITIS MEDIA	17	10	7
	069	OTHER CONDITIONS	12	12	0

PART II - 5. *(Continued)*

CHART NUMBER

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			13	9	4
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	4	2	2
	070	RHEUMATIC FEVER	2	1	1
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0	0	0
	072	CEREBROVASCULAR DISEASE (Stroke)	4	3	1
	073	OTHER DISEASES of the Heart	0	0	0
	074	HYPERTENSION	0	0	0
	075	VARICOSE VEINS	3	3	0
	079	OTHER CONDITIONS			
			176	134	42
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	66	65	1
	080	ACUTE NASOPHARYNGITIS (Common Cold)	0	0	0
	081	ACUTE PHARYNGITIS	14	13	1
	082	TONSILLITIS	6	6	0
	083	BRONCHITIS	0	0	0
	084	TRACHEITIS/LARYNGITIS	19	19	0
	085	INFLUENZA	65	25	40
	086	PNEUMONIA	0	0	0
	087	ASTHMA, HAY FEVER	0	0	0
	088	CHRONIC LUNG DISEASE (Emphysema)	6	6	0
	089	OTHER CONDITIONS			
			0	0	0
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL			
	090	CARIES and Other Dental Problems			
	091	PEPTIC ULCER			
	092	APPENDICITIS			
	093	HERNIA			
	094	CHOLECYSTIC DISEASE			
	099	OTHER CONDITIONS			
			15	11	4
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	10	6	4
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	0	0	0
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	2	2	0
	102	OTHER DISEASES of Male Genital Organs	0	0	0
	103	DISORDERS of Menstruation	0	0	0
	104	MENOPAUSAL SYMPTOMS	3	3	0
	105	OTHER DISEASES of Female Genital Organs	0	0	0
	109	OTHER CONDITIONS			
			21	21	0
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	0	0	0
	110	INFECTIONS of Genitourinary Tract during Pregnancy	0	0	0
	111	TOXEMIAS of Pregnancy	0	0	0
	112	SPONTANEOUS ABORTION	19	19	0
	113	REFERRED FOR DELIVERY	1	1	0
	114	COMPLICATIONS of the Puerperium	1	1	0
	119	OTHER CONDITIONS			
			33	32	1
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	4	3	1
	120	SOFT TISSUE ABSCESS OR CELLULITIS	18	18	0
	121	IMPETIGO OR OTHER PYODERMA	0	0	0
	122	SEBORRHEIC DERMATITIS	1	1	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	0	0	0
	124	ACNE	10	10	0
	129	OTHER CONDITIONS			

PART II - 5. *(Continued)*

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	2	2	0
	130	RHEUMATOID ARTHRITIS	0	0	0
	131	OSTEOARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	0	0	0
	139	OTHER CONDITIONS	2	2	0
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	1	1	0
	140	CONGENITAL ANOMALIES of Circulatory System	1	1	0
	149	OTHER CONDITIONS	0	0	0
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	2	2	0
	150	BIRTH INJURY	0	0	0
	151	IMMATURITY	0	0	0
	159	OTHER CONDITIONS	2	2	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	10	10	0
	160	SYMPTOMS OF SENILITY	0	0	0
	161	BACKACHE	0	0	0
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0	0	0
	163	HEADACHE	0	0	0
	169	OTHER CONDITIONS	10	10	0
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	29	26	3
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	29	26	3
	171	BURNS	0	0	0
	172	FRACTURES	0	0	0
	173	SPRAINS, STRAINS, DISLOCATIONS	0	0	0
	174	POISON INGESTION	0	0	0
	179	OTHER CONDITIONS due to Accidents, Poisoning or Violence	44	41	3

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	
	200	FAMILY PLANNING SERVICES	0
	201	WELL CHILD CARE	0
	202	PRENATAL CARE	13
	203	POSTPARTUM CARE	6
	204	TUBERCULOSIS: Follow-up of inactive case	12
	205	MEDICAL AND SURGICAL AFTERCARE	2
	206	GENERAL PHYSICAL EXAMINATION	88
	207	PAPANICOLAOU SMEARS	0
	208	TUBERCULIN TESTING	455
	209	SEROLOGY SCREENING	0
	210	VISION SCREENING	334
	211	AUDITORY SCREENING	313
	212	SCREENING CHEST X-RAYS	33
	213	GENERAL HEALTH COUNSELLING	6
	219	OTHER SERVICES	0
		(Specify) Pediculosis Screening	194

PART III - NURSING SERVICE

TYPE OF SERVICE	NUMBER
NURSING CLINICS:	
a. NUMBER OF CLINICS	0
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	0
FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	
b. TOTAL HOUSEHOLDS SERVED	
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	
d. VISITS TO SCHOOLS, DAY CARE CENTERS	
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	230
(1) Within Area	225
(Total Completed)	225
(2) Out of Area	5
(Total Completed)	?
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	0
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	4
(Total Completed)	4
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	71
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	4
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD (Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	220
(1) Number presenting health record.	11
(2) Number given health record	200
4. OTHER ACTIVITIES (*Specify*):	

REMARKS

FAMILY HOME LIVING

HOME ECONOMICS CONSULTATION

HOME ECONOMICS NARRATIVE

June 1, 1969 - Sepbember 10, 1970

(This report was prepared from oral narratives and some field notes. The consultant left the program prior to completing a report for the period.)

I. GENERAL DESCRIPTION:

The purpose of this component was to increase understanding of food and nutrition, home management, child development, household care, sanitation and home safety.

The home economics consultant planned, developed and coordinated programs and gave consultation when requested or needed. Direct service was given when possible, in nutrition home economics and related areas.

II. NUTRITION CONSULTATION:

A nutrition consultation service was initiated to provide professional dietetic consultation to migrant patients with nutrition related problems.

III. HEALTH AND HOMELIVING CLASSES:

These classes, which were sponsored by the Colorado 4-H Visitors Program were held in 17 schools for boys and girls nine years old and over. It is estimated that 700 children received health and homeliving education as opposed to the previous season when 400 children in 12 schools received this training.

As before, training classes were also held for home economics teachers and aides to present methods and materials appropriate for use with migrant students.

IV. DIRECT SERVICE TO MIGRANT FAMILIES:

Over 60 families received direct services, either through the Program Home Economics Consultant or professional consultation. Most referrals were received by migrant summer schools from the local public health nurse. Problems encountered were in the areas of pre-natal diet, infant and basic nutrition. The apparent causes continue to be poverty and poor home management.

During a special Health Fair, held at Delta during the early part of the reporting period, Navajo migrants were given practical demonstrations in the preparation and use of dried milk products.

V. RELATIONSHIPS WITH OTHER AGENCIES:

A. Colorado Migrant Council

Consultation was given to staffs of Day-Care and Head Start centers. This included outlines for basic teaching as well as advice of center food preparation.

Similar consultation relating to foods, nutrition, home sanitation, household care and consumer buying was provided for teachers of adult education classes.

B. Migrant Ministry

The Consultant assisted ministry volunteers to plan health and home-living classes around local resources and facilities. (Private homes and kitchens.)

C. Other Groups

The consultant spoke before womens' groups and volunteer organizations to motivate the members toward initiating local programs in areas lacking migrant summer school programs.

VI. Due to the consultant's resignation from the program to continue her education, the formal program was terminated during September 1969.

A consultant was hired for the 1970 season to re-motivate local school districts with respect to carrying on the Home Living Programs in Migrant Summer Schools. She also planned a survey to determine changes in food use patterns. New teaching units and audio visual aides were developed for use during the 1971 season.

It is felt that this activity is of vital importanct to the migrant student who will hopefully 'settle out' of the migrant stream in the future. Job re-training and other more dramatic programs must be supplemented by home living education which will enable the ex-migrant to make the transition from a migratory life-style to one compatible with a stable living environment.

MIGRANT HEALTH PROGRAM
ENVIRONMENTAL HEALTH SERVICES NARRATIVE REPORT
June 1, 1969 - June 1, 1970

A. Sanitation services:

I. a. The objectives of this component are to provide for the physical well-being of migrant families and individuals through improvement of their living and working environments. Methods used include:

1. Inspections of housing facilities to determine conformance with departmental "Standards and Regulations for Labor Camps".

2. Notices to operators and owners ordering correction of deficiencies within a stipulated period. This includes housing on farms as well as in towns.

3. Promotion of construction of new housing in communities having severe housing shortages for permanent and transient residents; particularly in those areas with a large influx of migrant labor competing with permanent residents for the limited amount of decent available housing. Promotional efforts consist of community block environmental surveys, public meetings, organzing local citizens' improvement groups, consultation with county commissioners, town boards, city council and other local officials and Federal Funding Agencies to develop appropriate codes and to develop low cost housing facilities.

b. The level of service and program accomplishment is dependent upon the number of personnel available for field work. Staffing for this reporting period was as follows:

1. Weld County July 1 to October 1, 1970 - one full-time Sanitary Aide.

2. San Luis Valley in 1969 and San Luis Valley and Arkansas Valley 1969 and 1970. One full-time Sanitary Aide.

3. One Sanitarian assigned to Colorado Department of Health Denver Office, for periods July 1, 1969 to January 1, 1970 and May 1, 1970 to date. Severe staffing shortages have restricted 1970 activities to requests for service

c. Major on-going and functioning relationships are maintained with:

1. U. S. Labor Department, Colorado Employment Department, coordination survey findings and program requirements for the provision of adequate housing and field sanitation facilities.

2. Colorado Migrant Council, Colorado Rural Legal Services, Dicho y Hecho, Colorado Migrant Ministry, Local Council of Chicano Citizens, VISTA, Community Action Program groups and other

government and private service organizations. Providers of information about improper environmental conditions and local groups assisting in the development and implementation of plans for housing and improvements in living and working conditions.

3. University of Colorado: Assisting in orienting VISTA trainees in the basics of sanitation.

4. University of Colorado, University of Denver, Great Western United Foundation: Consultation in planning production of low-cost housing.

5. Great Western, Holly, and American Crystal Sugar Companies, Kuner Empson, Western Canning and other food processor companies: Additionally, beet growers association chapters, grower co-ops, onion and potato growers associations, and other produce and fruit growers groups. Cooperation of above agricultural groups in providing information about program requirements and stimulating grower interest in compliance, through growers meetings and information in the organizations news releases.

6. Colorado Division of Housing, Farmers Home Administration, H.U.D. Local Housing Authorities, County and Town officials. Water Pollution Commission, consult and assist as indicated in promoting development of housing and sanitary facilities in agricultural communities.

II. a. Table A, Part IV reflects total numbers of family and single type housing facilities in the state that are or have been used. The figures do not indicate housing numbers inspected this report period because severe staffing shortages prevented extensive housing survey activities.

b. There is no requirement for permits in Colorado and enforcement criteria are departmental "Standards and Regulations for Labor Camps" adopted by the Colorado Board of Health on June 18, 1968. They are comprehensive in scope to adequately cover sanitation deficiencies common to such Housing. They are limited in areas of application relating to (slum) rentals, third-rate motels, converted store buildings, etc. Statutory authority is also provided for abatement of public health nuisances in Chapter 66, Article 1, Colorado Revised Statutes 1963.

c. The major factor contributing to the improvement in housing conditions has been a strict enforcement program. However, some adverse side effects have resulted, such as attempts by growers to circumvent requirements by:

1. Housing migrants in slum rentals, substandard hotels, motels, etc. or by not providing housing and compelling migrants to seek out their housing in farming area towns.

2. Housing migrants in adjacent state border towns, particularly along Colorado-Kansas boundary.

Accordingly, it has been necessary to broaden the scope of migrant housing activities into a more generalized program to encourage local adoption of building and housing zoning codes and formation of housing authority functions to develop housing for low-income groups.

d. Table B, Part IV. All sanitation categories were considered during inspections conducted at each location. (Refer to "Statistical Summary of Environmental Health Activities"). The number of corrections with respect of total numbers of inspection and numbers of defects found, is not numerically or accurately illustrated since many camps were vacated and closed to further use upon order.

Inasmuch as program efforts were directed during the 1970 season to complaints of substandard housing conditions, most were ordered closed and corrections not made. Housing, other than in camps or on farms is not specifically identified for report purposes but will be so done in future reporting.

B. Because of inadequate staffing limited attention has been directed to sanitary facilities for field or shed workers. Such efforts have been confined to requiring lettuce and other produce growers as well as shippers to provide water, toilet and hand washing facilities.

C. Principle difficulties in achieving program goals have been:

1. Insufficient field staffing.

2. Inherent antagonisms and oppositions to a housing enforcement program.

3. Limited numbers of proprietary farm operators. Most farming acreages in the state which require field labor are absentee owned. The percentages are particularly significant in the San Luis Valley and eastern part of Colorado, varying from 60 to 80 percent. The land is held in estates or by owners for investment purposes and their interest is not in rehabilitating tenant operators farming on a seasonal basis.

4. Inability of operators to provide or maintain labor housing. Operators are reluctant and often financially unable to repair or improve housing on farms not owned by them and rented only for the agricultural season.

5. Provisions of labor housing not always economically feasible. Many crops require labor for short seasonal periods, e.g., peach, cherry, pear, harvest one to two weeks; potato harvest 4 weeks; sugar beet cultivation 4 to 6 weeks. The short term use periods, the availability, and decreasing costs of mechanization and herbicide use make it economically unfeasible to build, repair, or otherwise maintain farm labor housing. Additional factors are real property taxes and upkeep costs resulting from some vandalism damage caused by migrants or local delinquents.

6. Financial limitations; cost-profit margin compaction, increased fixed costs; interest, taxes, repairs, labor and a decreased return on the investment does not provide sufficient money for capital improvements.

7. Seasonal crop losses. Two severe October storms with freezing and wet weather conditions caused extensive losses in harvesting in crops. Sugar beet growers lost approximately 33 million dollars in Southeastern Colorado and Southwest Kansas border counties and 2 million dollars in Western Colorado. There was a 20-million dollar loss to growers of produce (onions, pumpkins, potatoes, cabbage, carrots) throughout the state. Financial repercussions of the losses continue and acreages devoted this year to some of these high priced labor crops have decreased. For example, there was a 22 percent decrease in sugar beet acreages from 220,000 acres in the state for 1969.

D. The trend is toward:

1. Production of feed crops to serve needs of increasing numbers of feed lot operations.

2. Increased mechanization to eliminate labor and need for housing.

3. Reliance on various kinds of rental housing in the agricultural area communities for their farm labor.

4. Increased use of locals to obviate the cost of housing and collateral costs of using migrant labor. At present local workers provide 51 percent of the agricultural seasonal labor needed in the state. The number is increasing because of higher unemployment rates, opportunities for women and students to secure part-time work, and a higher settling out rate of migrants. The migrants are so intermingled with the local agricultural seasonal workers in slum sections of some agricultural areas that solutions to sanitation problems must now be considered on a community-wide basis to serve all residents.

E. The transitional trends makes necessary, continuing, evaluations and applications of program approaches to achieve maximum accomplishment and effectiveness in providing an adequate level of environmental health services to the rural poor of Colorado.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED

PERIOD COVERED BY THIS REPORT
FROM | THROUGH

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE

2. GRANT NUMBER *(Use number shown on the last Grant Award Notice)*

3. GRANTEE ORGANIZATION *(Name & address)*

4. PROJECT DIRECTOR

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
1970 APRIL	1,473	1,473	N.A.
1970 MAY	4,851	4,851	
1970 JUNE	21,717	21,717	
1969 JULY	16,446	16,446	
1969 AUG.	16,265	16,265	
1969 SEPT.	11,563	11,563	
1969 OCT.	6,368	6,368	
1969 NOV.	1,980	1,980	
1969 DEC.			
TOTALS	80,663	80,663	

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	22	5-1	10-15

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR	N.A.		
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	7,239 workers and 14,478 non-working dependents.		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.

1. Sugar Processors: Great Western, Holly, and American Crystal.
2. Food Processors: H.J. Heinz, Kuner Empson, Western Canning Co.
3. Local Co-op and Grower Associations: Potato, Lettuce, Onion, Peach, Apple, etc.
4. Government Agencies: Colo. Employment Dept., U.S. Labor, U.S. Immigration.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS		PLEASE REFER TO NEXT PAGE
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*:	NUMBER	OCCUPANCY (PEAK)
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	1,732	11,684	1,732	6	40	19
10 - 25 PERSONS	674	12,876	1,752	32	570	40
26 - 50 PERSONS	99	3,576	546	29	1,053	16
51 - 100 PERSONS	19	1,368	232	15	1,325	7
MORE THAN 100 PERSONS	10	3,466	562	3	450	3
TOTAL*	2,534	32,970	4,824	85	3,438	85

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10 pers.	106	716	106	0	0	0
10-25 persons	41	738	109	1	20	1
26-50 persons	18	414	63	7	266	7
51-100 persons	3	216	35	5	372	5
More than 100 pers.	0	0	0	0	0	0
TOTAL*	168	2,084	313	13	658	13

* Capacities only. Total occupant loads not determined because all housing occupied by migrants not surveyed. Occupant data for inspected dwellings noted in "Statistical Summary" of Environmental Health Services.

F = Family
S = Singles

POPULATION AND HOUSING DATA
FOR SAN JUAN BASIN, DOLORES-MONTEZUMA COUNTIES COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
1970 APRIL	150	150	N.A.
1970 MAY	300	300	
1969 JUNE	300	300	
1969 JULY	300	300	
1969 AUG.	300	300	
1969 SEPT.	750	750	
1969 OCT.	75	75	
1969 NOV.			
1969 DEC.			
TOTALS	2,175	2,175	

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	N.A.		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	250 workers and 500 non-working dependents.		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	8	8-1	9-1

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY D.U.	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS 12	12	68
10 - 25 PERSONS 3	1	18
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
Total* 15F	13F	86F

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	N.A.	
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

F = Family
S = Singles

Above housing condemned and vacated. Acceptable housing for Navajo Indian families cultivating and harvesting pinto beans virtually non-existent. No program activities this reporting period.

POPULATION AND HOUSING DATA
WESTERN SLOPE
FOR _____ XXXXXX

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
* JAN.			
FEB.			
MAR.			
1970 APRIL	27	27	N.A.
1970 MAY	15	15	
1[illegible] JUNE	315	315	
1969 JULY	390	390	
1969 AUG.	1,620	1,620	
1969 SEPT.	1,890	1,890	
1969 OCT.	345	345	
1969 NOV.			
1969 DEC.			
TOTALS	4,602	4,602	

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS		N.A.	
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:	1,430 workers and 460 non-working dependents. Does not accurately reflect numbers of dependents for other season and periods because of large influx of single people harvesters from Aug 15 to Sept. 15.		
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		REFER TO NEXT PAGE
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	1	
TOTAL*		

NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

WESTERN SLOPE

6. HOUSING ACCOMMODATIONS a. CAMPS ** MAXIMUM CAPACITY	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
LESS THAN 10 PERSONS	84	567	84			
10 - 25 PERSONS	83	1,494	221			
26 - 50 PERSONS	6	216	45	13	468	13
51 - 100 PERSONS	1	72	19	8	576	8
MORE THAN 100 PERSONS	1	250	50			
TOTAL*	175	2,599	419	21	1,044	21

b. OTHER HOUSING ACCOMMODATIONS LOCATION (Specify)	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
N.A.						
TOTAL*						

* Summary only. Population data not indicated for individual counties in Western Slope region because of Inter-county shifting of migrants within the area.

** Capacities of existent housing facilities. Occupant data relating to dwellings surveyed during report period are noted in "Statistical Summary of Environmental Health Activities".

POPULATION AND HOUSING DATA

FOR MESA COUNTY.

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	6 (beets) 4 (peach)	6-1 8-15	7-15 9-15

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
REFER TO NEXT PAGE		
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

MESA COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	44	297	44			
10 - 25 PERSONS	50	900	133			
26 - 50 PERSONS			13	13	468	
51 - 100 PERSONS			8	8	576	
MORE THAN 100 PERSONS						
TOTAL*	94	1,197	198	21	1,044	

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
		UNKNOWN				
TOTAL*						

S = Singles
F = Family
SF = Family housing also used by single workers.

* Maximum occupant loads. Much housing not used because of recent mechanization in beet cultivation and tomato harvest. Also because of variable peach production from year to year. Health Department has not assumed program and there have been no housing improvement activities in 1970.

POPULATION AND HOUSING DATA

FOR DELTA COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	6 (beets) 8 (apples)	6-1 9-15	7-15 11-15

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
REFER TO NEXT PAGE		
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

DELTA COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	19 SF	128	19			
10 - 25 PERSONS	28 SF	504	75			
26 - 50 PERSONS	6 SF	216	32			
51 - 100 PERSONS	1 SF	72	11			
MORE THAN 100 PERSONS	1 F	250	50			
TOTAL*	55	1,170	187			

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
TOTAL*						

F = Family
S = Singles
*F = Occupancy by either family or single workers.

Most camps are designated to accommodate either single or family workers with few dependents, in beet cultivating and fruit harvest. The latter primarily apple harvest. Housing consists mostly of multiple dwelling units in the camps. No Health Department and no program activities in 1970.

POPULATION AND HOUSING DATA

FOR MONTROSE COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	6 (beets)	6-1	7-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		REFER TO NEXT PAGE
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

MONTROSE COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
LESS THAN 10 PERSONS	21	142	21			
10 - 25 PERSONS	5	90	13			
26 - 50 PERSONS						
51 - 100 PERSONS						
MORE THAN 100 PERSONS						
TOTAL*	26	232	34			

b. OTHER HOUSING ACCOMMODATIONS LOCATION (Specify)	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
TOTAL*						

F = Family

No Health Department and no program activities conducted this reporting period.

PART IV - SANITATION SERVICES

GRANT NUMBER

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS *F=Family *S=Singles	TOTAL NUMBER F	TOTAL NUMBER S	TOTAL MAXIMUM CAPACITY F	TOTAL MAXIMUM CAPACITY S	COVERED BY PERMITS NUMBER	COVERED BY PERMITS MAXIMUM CAPACITY
CAMPS	2,534	85	32,970	3,438		
OTHER LOCATIONS	168	13	2,084	658		
HOUSING UNITS - Family:						
IN CAMPS	4,824		32,970			
IN OTHER LOCATIONS	313		2,084		No permit provisions in Colorado.	
HOUSING UNITS - Single						
IN CAMPS		85		3,438		
IN OTHER LOCATIONS		13		658		

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

* ITEM	NUMBER OF LOCATIONS INSPECTED* CAMPS	NUMBER OF LOCATIONS INSPECTED* OTHER	TOTAL NUMBER OF INSPECTIONS CAMPS	TOTAL NUMBER OF INSPECTIONS OTHER	NUMBER OF DEFECTS FOUND CAMPS	NUMBER OF DEFECTS FOUND OTHER	NUMBER OF CORRECTIONS MADE CAMPS	NUMBER OF CORRECTIONS MADE OTHER
LIVING ENVIRONMENT:								
a. WATER	485		1,230		339		56	
b. SEWAGE	485		1,230		467		146	
c. GARBAGE AND REFUSE	485		1,230		406		78	
d. HOUSING	485		1,230		544		69	
e. SAFETY	485		1,230		144		29	
f. FOOD HANDLING	485		1,230		114		23	
g. INSECTS AND RODENTS	485		1,230		213		41	
h. RECREATIONAL FACILITIES	485		1,230					
WORKING ENVIRONMENT:								
a. WATER	xxxx	17	xxxx	17	xxxx	17	xxxx	17
b. TOILET FACILITIES	xxxx	11	xxxx	11	xxxx	11	xxxx	11
c. OTHER	xxxx		xxxx		xxxx		xxxx	

* Detailed info. in "Statistical Summary of Environmental Health Activities". Camps and other locations not individually categorized.

* Locations – camps or other locations where migrants work or are housed.

PART V.– HEALTH EDUCATION SERVICES *(By type of service, personnel involved, and number of sessions.)*

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS: HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES (other than Health Ed.)	OTHER (Specify)
A. SERVICES TO MIGRANTS:						
(1) Individual counselling				79		
(2) Group counselling						
B. SERVICES TO OTHER PROJECT STAFF:						
(1) Consultation						
(2) Direct services						
C. SERVICES TO GROWERS:						
(1) Individual counselling				185		
(2) Group counselling				* 2 G, 135 P		
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:						
(1) Consultation with individuals				287		
(2) Consultation with groups				*152 G, 1536 P		
(3) Direct services				73		
E. HEALTH EDUCATION MEETINGS						

* G=Groups *P=Persons.

POPULATION AND HOUSING DATA
SAN LUIS VALLEY
FOR _____ COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

* 5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
70 APRIL	120	120	N.A.
MAY	360	360	
JUNE	1,005	1,005	
969 JULY	1,479	1,479	
969 AUG.	1,754	1,754	
969 SEPT.	813	813	
969 OCT.	1,680	1,680	
969 NOV.			
969 DEC.			
TOTALS	7,211	7,211	

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	N.A.		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	878 workers and 876 non-working dependents. Does not accurately reflect numbers of dependents for any other seasonal period because of large number of single lettuce harvesters July 15-Sept. 15.		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
TOTAL*		

PLEASE REFER TO NEXT PAGE

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

SAN LUIS VALLEY

6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
** LESS THAN 10 PERSONS	37	256	37			
10 - 25 PERSONS	207	4,546	610			
26 - 50 PERSONS	11	396	59	1	45	1
51 - 100 PERSONS	3	216	33	4	323	4
MORE THAN 100 PERSONS				3	450	3
TOTAL*	258	5,414	739	8	818	8

b. OTHER HOUSING ACCOMMODATIONS LOCATION (Specify):	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
Less than 10 pers.	57	386	57			
10-25 persons	34	612	90	1	20	1
26-50 persons	14	270	40	5	194	5
51-100 persons				4	300	4
More than 100 pers.						
TOTAL*	105	1,268	187	10	514	10

* Summary only. Population data not indicated for individual counties because of inter-county shifting of migrants in San Luis Valley geographical area.

** Capacities of existent housing. Occupant data relating to dwellings surveyed during report period noted in "Statistical Summary of Environmental Health Activities".

POPULATION AND HOUSING DATA

FOR ALAMOSA COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	12 (lettuce) 4 (potato)	6-15 9-15	9-15 10-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
PLEASE REFER TO NEXT PAGE		
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

ALAMOSA COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS						
10 - 25 PERSONS						
26 - 50 PERSONS				1	45	1
51 - 100 PERSONS						
MORE THAN 100 PERSONS						
TOTAL*				1	45	1

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10 pers.	42	284	42			
*10-25 persons	15 SF	270	40			
26-50 persons				3	114	3
51-100 persons				4	300	4
Slum rental houses, hotels & one motel.						
TOTAL*	57	554	82	7	414	7

F = Family
S = Singles

* Family housing used by single workers.

POPULATION AND HOUSING DATA

FOR CONEJOS COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	12 (lettuce) 4 (potato)	6-15 9-15	9-15 10-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		PLEASE REFER TO ~~NEXT PAGE~~
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
TOTAL*		

NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

CONEJOS COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
LESS THAN 10 PERSONS	10	68	10			
10 - 25 PERSONS	8	184	21			
26 - 50 PERSONS	5 SF	180	27			
51 - 100 PERSONS	1	72	11	2	179	2
MORE THAN 100 PERSONS						
TOTAL*	24	504	69	2	179	2

b. OTHER HOUSING ACCOMMODATIONS LOCATION (Specify):	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
Less than 10 persons	1	7	1			
* 10-25 persons	5 SF	90	13			
Slum rentals						
TOTAL*	6	97	14			

F = Family
S = Singles

* Family housing occupied by single workers

POPULATION AND HOUSING DATA

FOR COSTILLA COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	12 (lettuce)	6-15	9-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		REFER TO ~~NEXT PAGE~~
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

COSTILLA COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS — MAXIMUM CAPACITY	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
LESS THAN 10 PERSONS	43 SF	774	115			
10 - 25 PERSONS	5 SF	180	27			
26 - 50 PERSONS						
51 - 100 PERSONS				2	150	2
MORE THAN 100 PERSONS						
TOTAL*	48	954	142	2	150	2

b. OTHER HOUSING ACCOMMODATIONS — LOCATION (Specify)	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
10-25 persons Slum rentals, old store buildings.	14	252	37			
TOTAL*	14	252	37			

F = Family
S = Singles
SF = Family housing occupied periodically by single workers.

POPULATION AND HOUSING DATA
FOR RIO GRANDE COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	4 (potatoes)	9-15	10-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
REFER TO ~~NEXT PAGE~~		
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

RIO GRANDE COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
LESS THAN 10 PERSONS	5	40	5			
* 10 - 25 PERSONS	130 FS	3,120	405			
26 - 50 PERSONS						
51 - 100 PERSONS	1 FS	72	11			
MORE THAN 100 PERSONS						
TOTAL*	136	3,232	421			

b. OTHER HOUSING ACCOMMODATIONS LOCATION (Specify)*	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
26-50 persons	1 FS	36	5			
Slum cabin court						
in Del Norte						
TOTAL*	1	36				

F = Family
S = Singles

* Most are not currently used.

POPULATION AND HOUSING DATA
FOR SAGUACHE COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	12 (lettuce)	6-15	9-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		REFER TO NEXT PAGE
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

SAGUACHE COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
LESS THAN 10 PERSONS	22	148	22			
10 - 25 PERSONS	26	468	69			
26 - 50 PERSONS	1	36	5			
51 - 100 PERSONS	1	72	11	2	144	2
MORE THAN 100 PERSONS	0	0		1	300	1
TOTAL*	50	724	107	3	444	3

b. OTHER HOUSING ACCOMMODATIONS LOCATION (Specify)	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
Less than 10 persons	14	95	14			
10-25 persons				1	20	1
26-50 persons	13	234	35	2	80	2
51-100 persons						
TOTAL*	27	329	49	3	100	3

F = Family
S = Singles

POPULATION AND HOUSING DATA

FOR ARKANSAS VALLEY COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

* MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
970 APRIL	315	315	N.A.
970 MAY	711	711	
JUNE	2,901	2,901	
969 JULY	2,622	2,622	
969 AUG.	1,893	1,893	
969 SEPT.	1,195	1,195	
969 OCT.	623	623	
969 NOV.	540	540	
969 DEC.			
TOTALS	10,800	10,800	

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	967 workers and 1,934 non-working dependents.		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	1	
TOTAL*		

REFER TO NEXT PAGE

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

ARKANSAS VALLEY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.E.
** LESS THAN 10 PERSONS	130	876	130	6	40	6
10 - 25 PERSONS	34	612	43	32	570	32
26 - 50 PERSONS	17	635	97	15	540	15
51 - 100 PERSONS	5	360	64	3	426	3
MORE THAN 100 PERSONS	4	1,364	143			
TOTAL*	190	3,847	477	56	1,576	56

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify)*	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.E.
Less than 10 persons	39	263	39			
10-25 persons	2	36	6			
26-50 persons	3	108	18	2	72	2
51-100 persons	2	144	24	1	72	1
More than 100 pers.						
TOTAL*	46	551	87	3	144	3

F = Family
S = Singles

* Summary for Arkansas Valley. Population data not indicated for individual counties. Population densities not subject to accurate determination because of inter-county shifting within area.

** Capacities of existent housing. Occupant data relating to dwellings surveyed during report period noted in "Statistical Summary of Environmental Health Activities".

POPULATION AND HOUSING DATA

FOR PUEBLO COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	20 (Produce)	5-15	10-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		PLEASE REFER TO ~~NEXT PAGE~~
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PUEBLO COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	47	317	47			
10 - 25 PERSONS	13	234		1	12	1
**26 - 50 PERSONS	1	36	5	1	36	1
51 - 100 PERSONS						
MORE THAN 100 PERSONS						
TOTAL*	61	587	52	2	48	2

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION *(Specify)*:	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
TOTAL*						

F = Family
S = Singles

No program activities conducted this reporting period. Local Health has not indicated willingness to conduct program.

POPULATION AND HOUSING DATA

FOR OTERO COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	4 (beets) 20 (produce)	5-15 5-15	7-15 10-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
TOTAL*		

REFER TO NEXT PAGE

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

OTERO COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	32	216	32			
10 - 25 PERSONS	7	126	19			
26 - 50 PERSONS	8	288	43			
51 - 100 PERSONS	3	216	32			
*MORE THAN 100 PERSONS	2	500	50			
TOTAL*	52	1,346	176			

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify)*	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10, slum rental	16	108	16			
26-50, slum motel	1	36	8			
51-100 slum multiple rental	2	144	24			
TOTAL*	19	288	48			

F = Family

* Except for Manzanola Camp (fifty 3-room units, capacity 350) constructed in 1967 much of the labor housing closed by order or not used by grower choice. However, substantial numbers of migrants are housed in slum rentals located in the communities and are not readily identifiable.

** Motel closed by court action. Local Health Department has assumed responsibility for migrant housing program.

POPULATION AND HOUSING DATA

FOR BENT COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	4 (beets)	5-15	7-15
	20 (produce)	5-15	10-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
REFER TO NEXT PAGE		
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

BENT COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	15	101	15			
10 - 25 PERSONS	4	72	11			
* 26 - 50 PERSONS	2	95	17			
51 - 100 PERSONS						
MORE THAN 100 PERSONS						
TOTAL*	21	268	43			

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
TOTAL*						

F = Family

* Not currently used. No program activities conducted this reporting period. No local health department.

POPULATION AND HOUSING DATA

FOR PROWERS COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	4 (beets)	5-15	7-15
	20 (produce)	5-15	10-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

: REFER TO NEXT PAGE

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	1	
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PROWERS COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	22	148	22			
10 - 25 PERSONS	2	36	5			
26 - 50 PERSONS	3	108	16			
51 - 100 PERSONS	1	72	21			
* MORE THAN 100 PERSONS	1	720	72			
TOTAL*	29	1,084	136			

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify)*	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10 persons	8	54	8			
Slum rentals						
10-25 persons-motel	1	18	3			
26-50 persons-multi-	1	36	5			
ple slum rental units						
TOTAL*	10	108	16			

F = Family

* Granada Camp, seventy two 3-bedroom units, constructed in 1967. No local health department.

POPULATION AND HOUSING DATA

FOR BACA COUNTY.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	4 (broom corn)	9-15	10-15
	4 (beets)	5-15	7-15

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

REFER TO NEXT PAGE

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
TOTAL*		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

BACA COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	14	94	14	6	40	6
10 - 25 PERSONS	8	144	8	31	558	31
26 - 50 PERSONS	3	108	16	14	504	14
51 - 100 PERSONS	1	72	11	3	426	3
MORE THAN 100 PERSONS	1	144	21			
TOTAL*	27	562	70	54	1,528	54

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10 persons	15	101	15			
10-25 persons	1	18	3			
26-50 persons	1	36	5	2	72	2
51-100 persons				1	72	1
More than 100 pers.						
TOTAL*	17	155	23	3	144	3

F = Family
S = Singles

* Family slum rental occupancies. There are fluctuating occupant loads with substantial numbers now vacant. This is because of variable labor demands conditional to beet and broom corn acerages. Also many beet preharvest laborers are now housed in Kansas and in slum rentals and mobile homes in the Baca County Towns. No health department.

POPULATION AND HOUSING DATA
FOR NORTHERN COLORADO ~~COUNTY~~.

GRANT NUMBER

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
* JAN.			
FEB.			
MAR.			
1970 APRIL	861	861	N.A.
19[illegible] MAY	3,465	3,465	
19[illegible] JUNE	17,196	17,196	
1969 JULY	11,655	11,655	
1969 AUG.	10,698	10,698	
1969 SEPT.	6,915	6,915	
1969 OCT.	3,645	3,645	
1969 NOV.	1,440	1,440	
1969 DEC.			
TOTALS	55,875	55,875	

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL		N.A.	
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	5,732 workers and 11,464 non-working dependents.		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS			

** 6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
REFER TO NEXT PAGE		
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

NORTHERN COLORADO

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	1,469	9,917	1,469			
10 - 25 PERSONS	349	6,206	875			
26 - 50 PERSONS	65	2,329	345			
51 - 100 PERSONS	10	720	116			
MORE THAN 100 PERSONS	5	1,852	369			
TOTAL*	1,898	21,024	3,174			

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PLAK)	D.U.
Less than 10 persons	10	67	10			
10-25 persons	5	90	13			
26-50 persons	1	36	5			
51-100 persons	1	72	11			
More than 100 pers.						
TOTAL*	17	265	39			

F = Family

* Summary of population data for Northern Colorado area and not indicated for individual counties. Density factors not readily determined with validity because inter-county shifting of migrant populations.

** Capacities of existent housing. Occupant data relating to dwellings surveyed during report period noted in "Statistical Summary of Environmental Health Activities".

ADAMS COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
* LESS THAN 10 PERSONS	41	276	41			
10 - 25 PERSONS	14	252	37			
26 - 50 PERSONS	2	72	11			
51 - 100 PERSONS	3	216	32			
MORE THAN 100 PERSONS						
TOTAL*	60	816	121			

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10 persons, slum rentals	6	40	6			
10-25 persons-store bldg. conversion, actual amt. housing occ. by migrants in towns unknown.	2	36	5			
TOTAL*	8	76	11			

* Including 12 condemned vacant.

BOULDER COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
* LESS THAN 10 PERSONS	40	270	40			
10 - 25 PERSONS	12	216	32			
26 - 50 PERSONS						
51 - 100 PERSONS						
MORE THAN 100 PERSONS						
TOTAL*	52	486	72			

b. OTHER HOUSING ACCOMMODATIONS LOCATION (Specify):	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
	U N K N O W N					
TOTAL*						

* Single family on farm-type housing with some no longer used to house migrants or rented and occupied by permanent residents.

LARIMER COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	76	514	76			
10 - 25 PERSONS	28	504	75			
26 - 50 PERSONS	1	36	5			
51 - 100 PERSONS						
* MORE THAN 100 PERSONS	1	250	50			
TOTAL*	106	1,304	206			

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
		UNKNOWN				
TOTAL*						

* Closed, 50 unit Dreher Pickle Co. Camp.

WELD COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	214	1,445	214			
10 - 25 PERSONS	104	1,872	233			
26 - 50 PERSONS	10	360	53			
*51 - 100 PERSONS	2	144	31			
*MORE THAN 100 PERSONS	1	808	202			
TOTAL*	331	4,629	733			

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
~~Unknown but reports~~ ~~use of slum housing~~ ~~program pressures~~	indicate considerable in towns resulting from Ft. Lupton closure.					
TOTAL*						

* One camp (H. J. Heinz Pickle Co.) with 20 units and capacity of 80, removed.

* Ft. Lupton Camp (202 dwelling units) closed by order.

KIT CARSON COUNTY

6. HOUSING ACCOMMODATIONS a. CAMPS	F	F	F	S	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
*LESS THAN 10 PERSONS	12	81	12			
10 - 25 PERSONS	24	432	64			
26 - 50 PERSONS	11	396	59			
51 - 100 PERSONS	5	360	53			
MORE THAN 100 PERSONS	2	288	42			
TOTAL*	54	1,557	230			

b. OTHER HOUSING ACCOMMODATIONS	F	F	F	S	S	S
LOCATION (Specify)	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10, single family rentals	4	27	4			
10-25 multiple rentals	3	54	8			
**25-50 Trailer Park	1	36	5			
51-100 Trailer Park	~~1~~	~~72~~	~~11~~			
TOTAL	9	189	28			

* Approximately 1,000 pre-harvest beet workers (Texas Mexican families) used in Kit Carson County. A considerable number housed in Kansas because of housing enforcement pressures in Colorado.

** Mobile homes owned by growers renting space to park same in Trailer Parks.

BALANCE OF NORTHERN COLORADO
Morgan, Logan, Sedgwick, Phillips, Yuma, Washington and Cheyenne Counties

6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
LESS THAN 10 PERSONS	1,086	7,331	1,086			
10 - 25 PERSONS	167	2,930	434			
26 - 50 PERSONS	41	1,465	217			
51 - 100 PERSONS						
MORE THAN 100 PERSONS	1	506	75			
TOTAL*	1,295	12,232	1,812			

b. OTHER HOUSING ACCOMMODATIONS LOCATION (Specify)	F NUMBER	F OCCUPANCY (PEAK)	F D.U.	S NUMBER	S OCCUPANCY (PEAK)	S D.U.
TOTAL*						

* Company owned 75 unit mobile home park, not presently used. Approximately 11,724 Texas Mexican families (3,908 workers) work in above counties, primarily cultivating beets. Morgan, Logan, Sedgwick, Phillips and Yuma Counties are in a Health Unit that has not indicated an interest in conducting program activities.

STATISTICAL SUMMARY OF ENVIRONMENTAL HEALTH ACTIVITIES
MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

COUNTY	# OF INITIAL INSPS.	# OF LIVING UNITS	MAX. CAPCY.	VIOLATIONS		S	U	RE-INSPS.	OCC. LOAD	VIOLATIONS		CORRECTIONS		S	U	F.S W	F.S T	F.S I	Conf. G	Conf. P
State-Wide Totals	Legend at the end of Statistical Summary of Environmental Health Activities																			
	485	1193	8848	Yard	293	203	149	745	4956	Yard	197	Yard	77	229	171	17	11	624	166	2089
				Water	167					Water	172	Water	56							
				Sewage	247					Sewage	220	Sewage	146							
				Refuse	208					Refuse	198	Refuse	78							
				Vector	97					Vector	116	Vector	41							
				Housing	300					Housing	244	Housing	69							
				Food	76					Food	38	Food	23							
				San.Fac.	186					San.Fac.	190	San.Fac.	63							
				Misc.	87					Misc.	57	Misc.	29							
				Vacant		40	90					Vacant		4	84					
				Razed		3						Vacant	257							
	485			Total		246	239	745				Total	257	233	255					

STATISTICAL SUMMARY OF ENVIRONMENTAL HEALTH ACTIVITIES
MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

UNTY	# OF INITIAL INSPS.	# OF LIVING UNITS	MAX. CAPCY.	VIOLATIONS		S	U	RE-INSPS.	OCC. LOAD	VIOLATIONS		CORRECTIONS		S	U	P.S. W	P.S. T	P.S. I	Conf. G	Conf. P
ESTERN LOPE																				
ESA	3F	26	292	Yard	23	52	0													
	49S	26	297	Water	0															
			589	Sewage	0															
				Refuse	1															
				Vector	1															
				Housing	0															
				Food	0															
				San. Fac.	0															
				Misc.	3															
	LOCAL HEALTH DEPARTMENT HAS NOT INDICATED WILLINGNESS TO CONDUCT PROGRAM																			
ELTA	26	109	437			25	1	1	12	Yard	1	Yard	1	1					1	75
										Water	1	Water	1							
										Sewage	1	Sewage	1							
										Refuse	1	Refuse	1							
										Vector	1	Vector	1							
										Housing	1	Housing	1							
										Food	1	Food	1							
										San. Fac.	1	San. Fac.	1							
										Misc.	0	Misc.	0							
	PRE-OCCUPANCY SURVEYS FOR INTERSTATE LABOR RECRUITED BY COLORADO EMPLOYMENT DEPARTMENT NO LOCAL HEALTH DEPARTMENT.																			
AN UIS ALLEY																				
LAMOSA				Yard	9	3	7	226	501	Yard	11	Yard	3	31	7			197	7	210
				Water	5					Water	33	Water	11							
	9F	28	118	Sewage	7					Sewage	65	Sewage	57							
	1S*	1	60	Refuse	9					Refuse	14	Refuse	2							
	NO LOCAL HEALTH DEPARTMENT																			

STATISTICAL SUMMARY OF ENVIRONMENTAL HEALTH ACTIVITIES
MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

COUNTY	# OF INITIAL INSPS.	# OF LIVING UNITS	MAX. CAPCY.	VIOLATIONS		S	U	RE-INSPS.	OCC. LOAD	VIOLATIONS		CORRECTIONS		S	U	F.S. W	F.S. T	I	Conf. G	Conf. P
CALAMOSA (cont.)				Vector	9					Vector	7	Vector	2							
				Housing	8					Housing	7	Housing	1							
				Food	6					Food	7	Food	1							
				San. Fac.	6					San. Fac.	7	San. Fac.	1							
				Misc.	5					Misc.	2	Misc.	2							
												Vacant	188							
	* = Hotel																			
CONEJOS				Yard	12	1	11	28	203	Yard	9	Yard	7	16	9			14		
				Water	7					Water	6	Water	6							
	12	49	375	Sewage	10					Water *	56	Water *	49							
				Refuse	11					Sewage	7	Sewage	5							
				Vector	10					Refuse	9	Refuse	5							
				Housing	12					Vector	10	Vector	4							
				Food	10					Housing	10	Housing	4							
				San. Fac.	11					Food	5	Food	5							
				Misc.	11					San. Fac.	5	San. Fac.	6							
										Misc.	5	Misc.	4							
												Vacant	3							
	* = La Jara Town Water Survey																			
COSTILLA	12F	47	692	Yard	14	5	12	49	475	Yard	10	Yard	7	17	7	4	4	19		
	5S	10	150	Water	10					Water	5	Water	3							
				Sewage	14					Sewage	6	Sewage	6							
				Refuse	13					Refuse	8	Refuse	6							
				Vector	11					Vector	12	Vector	5							
				Housing	16					Housing	7	Housing	7							
				Food	11					Food	5	Food	4							
				San. Fac.	11					San. Fac.	5	San. Fac.	2							
				Misc.	8					Misc.	5	Misc.	3							
												Vacant	25							

STATISTICAL SUMMARY OF ENVIRONMENTAL HEALTH ACTIVITIES
MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

UNTY	# OF INITIAL INSPS.	# OF LIVING UNITS	MAX. CAPCY.	VIOLATIONS		S	U	RE-INSPS.	OCC. LOAD	VIOLATIONS		CORRECTIONS		S	U	F.S W	F.S T	F.S I	Conf. G	Conf. P
IO RANDE	2S	2	152	Yard	17	15	15	60	246	Yard	15	Yard	10	23	9			59	12	418
	28F	62	323	Water	11					Water	4	Water	3							
				Sewage	20					Sewage	11	Sewage	9							
				Refuse	19					Refuse	16	Refuse	7							
				Vector	11					Vector	6	Vector	6							
				Housing	21					Housing	11	Housing	8							
				Food	13					Food	0	Food	6							
				San. Fac.	17					San. Fac	9	San. Fac.	6							
				Misc.	5					Misc.	0	Misc.	4							
												Vacant	28							
AGUACHE	8SF	14	118	Yard	12	7	10	82	1192	Yard	22	Yard	5	47	22	6	6	70	5	111
	6F	11	85	Water	9					Water	19	Water	12							
	3S	3	304	Sewage	13					Sewage	24	Sewage	13							
				Refuse	13					Refuse	19	Refuse	3							
				Vector	10					Vector	16	Vector	1							
				Housing	15					Housing	16	Housing	5							
				Food	7					Food	14	Food	0							
				San. Fac.	9					San. Fac.	15	San. Fac.	2							
				Misc.	9					Misc.	14	Misc.	0							
												Vacant	13							
ORTH ENTRAL REA																				
DAMS	79 *12	131	917	Yard	57	2	10	62	236	Yard	30	Yard	25	12	26			12	4	20
				Water	48					Water	35	Water	12							
				Sewage	61					Sewage	27	Sewage	28							
				Refuse	46					Refuse	24	Refuse	26							
				Vector	9					Vector	10	Vector	6							

STATISTICAL SUMMARY OF ENVIRONMENTAL HEALTH ACTIVITIES
MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

UNTY	# OF INITIAL INSPS.	# OF LIVING UNITS	MAX. CAPCY.	VIOLATIONS		S	U	RE-INSPS.	OCC. LOAD	VIOLATIONS		CORRECTIONS		S	U	F.S. W	F.S. T	F.S. I	Conf. G	Conf. P
DAMS (Cont.)				Housing	77					Housing	54	Housing	14							
				Food	8					Food	4	Food	3							
				San. Fac.	54					San. Fac.	60	San. Fac.	20							
				Misc.	16					Misc.	11	Misc.	9							
										Vacant				4	20					
	* = Vacant - Pre-occupancy Survey					40	39													
	LOCAL HEALTH DEPARTMENT HAS AGREED TO CONDUCT PROGRAM																			
OULDER	30	37	296	Yard	8	10	20	46	180	Yard	3	Yard	6	24	18			7	7	90
				Water	12					Water	10	Water	2							
				Sewage	18					Sewage	6	Sewage	14							
				Refuse	22					Refuse	12	Refuse	16							
				Vector	15					Vector	4	Vector	10							
				Housing	18					Housing	10	Housing	12							
				Food	4					Food	1	Food	3							
				San. Fac.	20					San. Fac.	8	San. Fac.	15							
				Misc.	6					Misc.	2	Misc.	4							
				Vacant	0					Vacant	0	Vacant			4					
	* = 20 unsatisfactory with major deficiencies including 4 camps unfit for habitation Local Health Department has agreed to conduct program in 1970																			
ELD	111	190	1346	Yard	82	68	43	170	1318	Yard	87	Yard	9	54	63	7	1	81	106	812
				Water	52					Water	53	Water	4							
				Sewage	63					Sewage	66	Sewage	11							
				Refuse	30					Refuse	86	Refuse	8							
				Vector	8					Vector	36	Vector	4							
				Housing	70					Housing	122	Housing	13							
				Food	0					Food	0	Food	0							
				San. Fac.	10					San. Fac.	72	San. Fac.	7							
				Misc.	2					Misc.	14	Misc.	1							
												Vacant*			53					
	* = Closed: one camp of 202 dwelling units - capacity 800. And one camp of 20 dwelling units - capacity 100.																			
	LOCAL HEALTH DEPARTMENT HAS AGREED TO CONDUCT PROGRAM																			

STATISTICAL SUMMARY OF ENVIRONMENTAL HEALTH ACTIVITIES
MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

COUNTY	# OF INITIAL INSPS.	# OF LIVING UNITS	MAX. CAPCY.	VIOLATIONS		S	U	RE-INSPS.	OCC. LOAD	VIOLATIONS		CORRECTIONS		S	U	F.S. W	F.S. T	F.S. I	Conf. G	Conf. P
NORTHEAST COLORADO																				
KIT CARSON	31	71	456	Yard	14	9	7	10	126						5			4	1	5
				Water	5															
				Sewage	14															
				Refuse	9															
				Vector	6															
				Housing	19															
				Food	6															
				San. Fac.	17															
				Misc.	6															
				Vacant			15					Vacant			5					
	NO LOCAL HEALTH DEPARTMENT																			
ARKANSAS VALLEY																				
OTERO	33*	247	1527	Yard	24	2	5	7	400	Yard	5	Yard	4	4	3			11		
				Water	3					Water	2	Water	2							
				Sewage	20					Sewage	3	Sewage	2							
				Refuse	16					Refuse	5	Refuse	4							
				Vector	8					Vector	3	Vector	2							
				Housing	22					Housing	6	Housing	4							
				Food	6					Food	1	Food	0							
				San. Fac.	21					San. Fac.	4	San. Fac.	3							
				Misc.	5					Misc.	2	Misc.	2							
				Razed		3														
				Vacant			23													

* = Includes 3 camps with 61 dwelling units, capacity 305, demolished
3 camps (slum metal and rentals) with 30 dwelling units, capacity 233, closed.
20 on farm camps with 81 dwelling units, capacity 427, closed
4 major on farm camps and the Manzandia Camp with 72 dwelling units, capacity 535, in use.

LOCAL HEALTH DEPARTMENT HAS AGREED TO CONDUCT PROGRAM

STATISTICAL SUMMARY OF ENVIRONMENTAL HEALTH ACTIVITIES
MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

COUNTY	# OF INITIAL INSPS.	# OF LIVING UNITS	MAX. CAPCY.	VIOLATIONS		S	U	RE-INSPS.	OCC. LOAD	VIOLATIONS		CORRECTIONS	S	U	F.S. W	F.S. T	I	Conf. G	Conf. P
PROWERS	6	39	256	Yard	4	2	4	4	67	Yard	4			2			7		
				Water	2					Water	0								
				Sewage	3					Sewage	4								
				Refuse	3					Refuse	4								
				Vector	3					Vactor	4								
				Housing	6					Housing	4								
				Food	2					Food	0								
				San. Fac.	5					San. Fac.	4								
				Misc.	3					Misc..	2								
												Vacant		2					
	NO LOCAL HEALTH DEPARTMENT																		
LAMAR	19*	90	647	Yard	17	2	4										3		
				Water	3														
				Sewage	4														
				Refuse	16														
				Vector	3														
				Housing	16														
				Food	3														
				San. Fac.	15														
				Misc.	8														
				Vacant			13												
DENVER AREA																	8 132	23	348

* = 13 Vacant, 74 dwelling units - capacity 595 including 4 single camps with 160 capacity.

NO LOCAL HEALTH DEPARTMENT - COMMUNITY BLOCK SURVEY CONDUCTED IN WALSH (Population 1,100)
60 BLOCKS OF 590 PREMISES

F = Family
S = Singles

S = Satisfactory
U = Unsatisfactory

Field Sanitation
W = Water
T = Toilets

Conferences
I = Individuals
G = Groups
P = Persons

No distinction made regarding location of housing for migrants or seasonal farm workers, e.g., on-farm housing, centralized multi-family camps, motels, hotels, trailer courts, etc.

FULL SURVEYS NOT MADE OF VACANT HOUSING SINCE SUCH HOUSING PREVIOUSLY HAD BEEN INSPECTED AND OWNERS NOTIFIED TO CORRECT VIOLATIONS OR VACATE.